





Date:



Application for Commercial Use of Photos/Videos

* Please fill in with block letters (all the fields are mandatory)

Requester (media firm)						
Company Name:	Department:					
Postal Address:						
Representative: Given Name:	Surname:		(M/F) Ti	itle:		
TEL:		FAX				
E-MAIL		Website				
■Detailed explanation of co	ommercial u	se				
Media Type □Leaflet/Brochure □Website	□Video Sharing we	bsite □TV □Nev	vspaper □0	Others ()
Details of the use, including URL, channel and	/or covered area					

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