



BAVP S.C.R.L./C.V.B.A.

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Information declarant/claimant

FULL NAME DECLARANT

ADDRESS

CITY

N°

ZIP CODE

TELEPHONE

FAX

E-MAIL

I hereby certify that the information supplied by the declarant/claimant to BAVP in this works registration forms is, to the best of my knowledge and belief, an accurate statement in all respect and I deny BAVP's responsibility in the matter of these declared rights.

DATE & SIGNATURE

Description of the claimed work

BASIS FOR CLAIM

> > producer, distributor, buyer, sales agent, synchroniser, other (please specify)

TYPE OF WORK

> > as defined by AGICOA

- ☐ Feature Film (LM)
☐ Telefilm
☐ Short Film (CM)
☐ Series (FE)

> > With respect to series and other multi-episode works, the declarant/claimant must submit a "series/ episodes & serials" form, wich requests information for each episode.

KIND OF WORK

> > as defined by AGICOA

- ☐ Fiction (FI)
☐ Non fiction (NF)
☐ Animation (AN)

DURATION OF ORIGINAL WORK

minutes

ORIGINAL TITLE OF WORK

YEAR OF PRODUCTION

ALTERNATIVE TITLES

> > include known foreign language (sub)titles

LANGUAGE**NATIONALITY OF THE WORK****NAME(S) OF THE DIRECTOR(S)****NAME(S) OF PRINCIPAL ACTOR(S)****NAME OF PRODUCING COMPANY(IES)****Extent of rights****DECLARANT CLAIMS RIGHT FOR**☐ Rights claimed %☐ All countries☐ All language versions☐ And in perpetuity☐ Cable retransmission☐ Satellite retransmission☐ Mobile network☐ Lending

> > If the last 3 boxes are checked, no further entry is needed. Otherwise, claims will be entered only for the details as specified below.

Country	From	To	% claimed	Language
AUSTRIA			<input type="text"/>	
BELGIUM			<input type="text"/>	
CANADA			<input type="text"/>	
DENMARK			<input type="text"/>	
FINLAND			<input type="text"/>	
FRANCE			<input type="text"/>	
GERMANY			<input type="text"/>	
GREAT BRITAIN			<input type="text"/>	
GREECE			<input type="text"/>	
ICELAND			<input type="text"/>	
IRELAND			<input type="text"/>	
ITALY			<input type="text"/>	
LUXEMBOURG			<input type="text"/>	
NETHERLANDS			<input type="text"/>	
NORWAY			<input type="text"/>	
PORTUGAL			<input type="text"/>	
SPAIN			<input type="text"/>	
SWEDEN			<input type="text"/>	
SWITZERLAND			<input type="text"/>	
USA			<input type="text"/>	

Please use these codes for language: NL (Dutch), GB (English), E (Spanish), F (French), D (German), I (Italian)