

**Application Form For Registration of Negative Rights**

The Secretary  
Bengal Film And Television Chamber of Commerce  
184, Lenin Sarani, 1st Floor, Kolkata - 700 072  
Phone: 8100830003

1. Title and Language of the Film \_\_\_\_\_
2. Date of First Release \_\_\_\_\_
3. Name of Producer \_\_\_\_\_
4. Name and Address of the Assignor  
(if it is other than the producer) \_\_\_\_\_
5. The name of the persons signing the agreement  
on behalf of the Assignor \_\_\_\_\_
6. Name of Director of the Film \_\_\_\_\_
7. Name of Music Director of the Film \_\_\_\_\_
8. Principal Artists \_\_\_\_\_  
\_\_\_\_\_
9. Censor Certificate No. and Date \_\_\_\_\_
10. Date of Contract/Agreement \_\_\_\_\_
11. Name of Laboratory, if any \_\_\_\_\_
12. List of Enclosures \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION AND UNDERTAKING**

I/We declare that the agreement in respect of the said film applied for registration of Negative Rights is complete in itself. Further, I/We declare that the information furnished in this application is true to the best of my/our knowledge and belief and nothing has been cancelled or suppressed.

Name of Applicant \_\_\_\_\_

Signing Authority & Designation \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant with Seal  
and Date

**FOR OFFICE USE ONLY**

Received a sum of Rs.1000/- (Rupees one thousand only) + GST as registration fees under Receipt No. \_\_\_\_\_ Dated \_\_\_\_\_. Registration cleared/rejected on \_\_\_\_\_ in favour of the applicant at the meeting of the committee for Registration of Negative Rights held on \_\_\_\_\_

Signature of Receiving Clerk

Signature of the President/Secretary