

COPYRIGHT REQUEST FORM

Part 1, 2 and 3 to be completed by applicant; Part 4 and 5 will be completed by AFRICAN SUN MeDIA

1. APPLICATION			
Company / Institution			
Division / Department			
Address			
Telephone		E-mail address	
Contact person		Position	
VAT Registration number		Date of application	
2. SOURCE PUBLICATION			
Title			
Edition		Author	
ISBN		Publisher / Imprint	
3. COPYRIGHT REQUEST			
PAGES REQUESTED			
From page to page		Total number of pages from source publication	
TO BE USED IN / PROPOSED PUBLICATION			
Title of new publication			
Target Market / Purpose of new publication			
Number of units			
Selling price (of each)			
Publication date			

4. AFRICAN SUN MeDIA Quotation (Total amount payable)**Copyright: Print**

A. Number of units	
B. Fee per page (VAT excluded)	R
C. Quantity to be printed (first print-run)	
Subtotal: Amount payable (VAT excluded) [A x B x C]	R
VAT	R
Total cost of copyright	R
Date of quotation	

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Permission granted by (Name)			
Signature			
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