



pan-african
independent
network

Membership Application Form Record Labels

**Name of Applicant
(including names of
all partners directors
members of record
label)**

Trading Name

**Company
Registration
Number**

Date of Registration

Tax Number

Vat Number

**Business
Address**

**Postal
Address**

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Telephone

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Cell-phone

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Email

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Website

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**Nominated
Contact
Person**

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Cell-phone

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Email

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Signature

Date

Place

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