

# LCSCF Membership Application Form

To become an LCSCF member of the Collective Management Organization(CMO), please complete the following form. Once we receive your application, we will confirm it through an email.

If you have any questions about the application process, please contact LCSCF directly at [protectcopyright@lcsfbd.com](mailto:protectcopyright@lcsfbd.com)

## Sector of Right Concern

Title	_____
Company Name	_____
Publishing Date	_____
Copyrighted On	_____
Webpage	_____

## Personal Details

Name	_____
Profession	_____
Gender	_____
Passport No. or N/D	_____
Date of Birth	_____
Nationality	_____
Country of Residence	_____
Correspondence Address	_____

Tel No. and/or  
Mobile No.

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Email Address

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Bank Acc Name

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Bank Acc No.

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Routing Number

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**Application for Membership of LCSCF**

Having read and understood fully the provisions and effect of the Memorandum & Articles of Association of LCSCF, I hereby apply to become a Member of LCSCF and if admitted, I/we agree to abide and be bound by the Memorandum & Articles of Association of LCSCF.

**Mandate & Declaration**

I hereby apply to authorize LICENSING & COLLECTING SOCIETY FOR CINEMATOGRAPH FILM (“LCSCF”) to represent and monitor all copyright related rights under Bangladesh Copyright Act 2000 and as amended from time to time. I agree to be bound by LCSCF’s Mandate and Agreement and such other Rules and Regulations of LCSCF, as now in effect and as they may be amended from time to time.

I, the undersigned, hereby warrant and declare that all of the information furnished in the application is true and correct, and that my registration will be subject to cancellation if the information contained in this application is not complete and /or is inaccurate and subject to submission of all required documents.

Signature \_\_\_\_\_