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| ***APPLICATION FORM FOR LICENCE*** ***TO MANUFACTURE OPTICAL DISCS*** *(Manufacture of Optical Discs Act 2004)* |
| **Specific Articles for Licence under the Manufacture of Optical Discs Act:***(Please tick the box(s) below to indicate the articles that your company is interested to manufacture)* [ ]  CD, CD-ROM [ ]  DVD, DVD-ROM [ ]  VCD [ ]  Master Discs [ ]  Stampers |
| **For the Registrar of Optical Discs’ Use**Date Received : CRM File Reference No: OIC of Company :MODA Licence No : |

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|  | **EXPLANATORY NOTES**To enable us to expedite the processing of your application, please provide the information requested as completely as possible. If the space provided is insufficient, a separate sheet may be used. Where information is not yet available or not applicable, please indicate accordingly. Incomplete and inaccurate information may result in outright rejection of application. You are advised to contact us should you encounter difficulties in completing the form, or if you need further information.Only one copy of this application is required.For local applicants, please send it to:ENTERPRISE SINGAPORE230 Victoria Street#10-00 Bugis Junction Office TowerSingapore 188024Tel: 6898 1800Email: enquiry@enterprisesg.gov.sgFor all other applicants, please send it to:ECONOMIC DEVELOPMENT BOARD250 North Bridge Road#28-00 Raffles City TowerSingapore 179101Tel: 6832 6832**ALL INFORMATION PROVIDED WILL BE** **HELD IN THE STRICTEST CONFIDENCE** |  |

**SECTION I. GENERAL INFORMATION**

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| **a)** | **Company Name** |  |       |
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| **b)** | **Address of Manufacturing Premises** **(if different from Company Address stated in Form A)** |  |                  |
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|  |  | **Postal Code** |       |  |
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|  |  | **Country** |  |        |  |
|  |
|  |  | **Tel. No.** |  |        |  |
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|  |  | **Email.** |  |       |  |
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| **c)** | **(i) Has your company ever applied for a MODA licence?**  **Yes** **[ ]  (if yes, please proceed to answer (ii))** **No [ ]  (if no, please proceed to Section II on SID Codes)** |
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|  | **(ii) Was the application successful?**   **Yes[ ]  (if yes, please proceed to give details on the existing MODA Licence and (d))**  **No [ ]**  **(if no, please proceed to Section II on SID Codes)** |
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|  | **Current MODA Licence No.** |  |        |  |
|  |  |  |
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|  | **Date of Issue of** **MODA Licence****(dd/mm/yyyy)** |        |  |
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| **d)** | **Has the MODA Licence expired?** **Yes, please renew my Licence [ ]** **No [ ]**  |

**SECTION II. SID CODES**

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| **In order to process your application for a MODA licence, your company is required to adopt the SID (Source Identification) Code jointly developed by the International Federation of the Phonographic Industry and Philips International BV, if you have not already adopted it. Philips Consumer Electronics, as a licensor of optical disc technology, allocates SID codes and any plant wanting to adopt the SID Code programme can apply to Philips for code allocation(s). Further details can be found on their website** [**https://www.ip.philips.com/licensing**](https://www.ip.philips.com/licensing)**.****Please provide the following, as assigned to your company (please attach relevant documents received from IFPI and Philips):** |
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|  | **(i)** | **Mould Code** |       |  |
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|  | **(ii)** | **Mastering Code** |       |  |

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| **DECLARATIONS** |
| 1. I declare that the facts stated in this application and the accompanying information are true, and that the company is not presently engaged or involved in any impending or pending criminal or civil proceedings in Singapore or overseas relating to the products referred to in this application.
2. I declare that the company is not involved in the infringement of any intellectual property rights in Singapore.
3. I understand that any licence issued pursuant to and as a consequence of this application shall be rendered void should it be determined at any time hereafter that any of the information and declarations stated and made in this application and the accompanying information are untrue.

For, and on behalf of       (company name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant (The applicant should be the CEO, MD or equivalent in the company)      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (in BLOCK LETTERS)       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant's Designation      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |
| **Contact Person (if different from above)** |
|            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name Designation     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number |