



ESWATINI COPYRIGHT AND NEIGHBOURING RIGHTS SOCIETY  
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[www.eswacos.org.sz](http://www.eswacos.org.sz)

## APPLICATION FOR A MUSIC LICENSE: PUBLIC PERFORMANCE/S

- Please complete in full the sections of the application that are relevant to your business and sign the last page of this form.
- Kindly refer to the relevant ESWACOS music tariffs when completing the license application. The calculation of the applicable license fees is subject to the provisions of the aforementioned tariffs.
- The annual license fee(s) levied by ESWACOS are subject to a minimum fee as provided for in the various ESWACOS tariffs.
- It is suggested that you retain a copy of this form for your records before returning the completed form to our offices.
- Kindly notify ESWACOS if there are changes to the use of musical works and sound recordings at your place of business so as to avoid the risk of copyright infringement.
- If you require assistance in completing the form, please contact us on 7602-3814 Licensing Office or email [licensing@eswacos.org.sz](mailto:licensing@eswacos.org.sz)
- **PLEASE READ THE ESWACOS TERMS AND CONDITIONS ATTACHED HERETO WHICH FORMS PART OF THE ESWACOS LICENCE AGREEMENT.**

### 1. DETAILS OF LICENSEE (PLEASE COMPLETE IN BLOCK CAPITALS)

#### 1.1 TYPE OF LICENSEE ENTITY:

Indicate if owner is a legal entity (Company, NGO etc.)/ natural person (individual)

LEGAL ENTITY

NATURAL PERSON

#### 1.2 LEGAL ENTITIES (Companies OR NGO etc.)

If Legal entity, please state full Company name: \_\_\_\_\_

\_\_\_\_\_

Short name or Trading name of company or entity: \_\_\_\_\_

\_\_\_\_\_

Company Registration Number: \_\_\_\_\_

VAT/ TIN Registration Number: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Contact numbers: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

**1.3 NATURAL PERSONS** (Not Applicable if filled under 1.2)

If Natural person, please state Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Identity Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**2. DETAILS OF LICENSEE'S REPRESENTATIVE:**

Surname and First Name of Contact Person: \_\_\_\_\_

Personal Title of Contact Person (Mr / MS / Doctor / etc.): \_\_\_\_\_ Business title or role: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Please indicate your preferred method for receiving correspondence from us:

Email  Fax  Post 

Daytime telephone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**3. DETAILS OF PREMISES** (Place where music usage occurs)

Trading Name of business: \_\_\_\_\_

Physical address of Premises (only complete if different from owner's address)

Building Name \_\_\_\_\_ Unit / Shop No \_\_\_\_\_

Street \_\_\_\_\_

Suburb \_\_\_\_\_

City/Town: \_\_\_\_\_

**3.1 Please tick if business use music in more than one store/ premise**

**4. PLEASE REFER TO THE ESTABLISHMENT MUSIC USAGE SCHEDULE, AND INDICATE WHERE MUSICAL WORKS AND SOUND RECORDINGS ARE BEING USED.**

Tick where applicable	Tariff No.	Tariff description	Basis of assessment (parameter 1)	
	1.2	Mobile DJs	Annual or Event:	
	1.4	Jukeboxes	No of jukeboxes:	
	1.5	Nightclubs, Discotheques, Featured Entertainment Venues	No of Entertainment venues: Audible area/size of premise	
	1.6	Live Music Events; Music Festivals, Concerts and Live Performances	Ticket prices  Number of ticket sold	
	2.2	Restaurants and Bars; Dining, Liquor, Fast-Food Outlets and similar Establishments	Number of outlets: Size of audible area (m2):	
	2.3	Corporate Events (Which do not apply to Tariff 1.6); Christmas Parties, Gala Dinners, Awards, Ceremonies, Launches etc.	No. of attendees per day (Paid Admission) - Day1: - Day2: - Day3: - Day4: - Day5: - Day6: - Day7:	No. of attendees per day (free Admission) - Day1: - Day2: - Day3: - Day4: - Day5: - Day6: - Day7:
	2.4	General/ Public Events (Which do not apply to Tariff 1.6)	No. of attendees per day (Paid Admission) - Day1: - Day2: - Day3: - Day4: - Day5: - Day6: - Day7:	No. of attendees per day (free Admission) - Day1: - Day2: - Day3: - Day4: - Day5: - Day6: - Day7:
	2.5	Outdoor Promotions; Roadshows and Activations	Number of promotions:	
	2.6	Gymnasiums, Aerobics and Fitness Centers	No. of Gyms/ Aerobics or fitness centres:	

3.1	Trade Fairs and Exhibitions	No. of attendees per day (Paid Admission) Indoors - Day1: - Day2: - Day3: - Day4: - Day5: - Day6: - Day7: No. of attendees per day (Paid Admission) Outdoors - Day1: - Day2: - Day3: - Day4: - Day5: - Day6: - Day7:	No. of attendees per day (free Admission) Indoors - Day1: - Day2: - Day3: - Day4: - Day5: - Day6: - Day7: No. of attendees per day (free Admission) Outdoors - Day1: - Day2: - Day3: - Day4: - Day5: - Day6: - Day7:
3.2	Supermarkets, Wholesalers, Retail Outlets and Liquor Stores	Number of stores	Size of audible area:
3.3	Beauty & Hair Salons and Boutiques	Seating Capacity (No. of seats):	
3.4	Cinemas and Theatres	No of Cinema/ theatre:	
3.6	Sports Stadiums and Arenas	Attendance per day:	No. of days:
3.7	Miscellaneous i.e. <i>Common Areas of Shopping Centers, Airports, Casinos, Game-rooms, Reception Areas, Banking Halls, Garage Forecourts, Hospitals and Clinics, Educational Establishments, and any other similar establishments</i>	Size of audible area per square meter:	

## 5. SOURCE OF MUSIC

**INFORMATION** (indicate source of music)

Radio: \_\_\_\_\_ Station / Channel: \_\_\_\_\_

Pre-Recorded: \_\_\_\_\_ Service Provider: \_\_\_\_\_

TV Audio (e.g. DMX, Channel O, etc.): \_\_\_\_\_ Channel: \_\_\_\_\_

DJ: \_\_\_\_\_ DJ's full Name: \_\_\_\_\_

Other: \_\_\_\_\_ Name of Other source: \_\_\_\_\_

## 6. DECLARATION

I declare that the information submitted in this application form is, to the best of my knowledge correct. I warrant by my signature that I am duly authorized to complete this application form on behalf of;

\_\_\_\_\_  
 (Name of applicant) Date: \_\_\_\_\_

Signature:

\_\_\_\_\_

Name in Print

Title of Signatory and Capacity:

\_\_\_\_\_

\_\_\_\_\_

## 7. FURTHER INFORMATION

This section may be used to provide details of any additional use of sound recordings not covered in other sections, or for any further information you consider may be relevant.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 8. LICENSE APPLICATION COMPLETENESS CHECKLIST

8.1 Application Type:  New License  Renewal  Amendment

### A. Application Form

No.	Requirement	Yes	No	Remarks
1	License Application Form fully completed (all sections filled)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Application form signed and dated by authorized person	<input type="checkbox"/>	<input type="checkbox"/>	
3	Correct license category selected	<input type="checkbox"/>	<input type="checkbox"/>	

**B. Proof of Business Address (attach one of the following)**

No.	Document Type	Provided	Remarks
4	Electricity bill (not older than 3 months)	<input type="checkbox"/>	
5	Water bill (not older than 3 months)	<input type="checkbox"/>	
6	Lease or tenancy agreement	<input type="checkbox"/>	
7	Letter from landlord or property owner confirming business location	<input type="checkbox"/>	

**C. Business Registration Documents**

No.	Requirement	Yes	No	Remarks
8	Form J (List of company directors)	<input type="checkbox"/>	<input type="checkbox"/>	
9	Certificate of Incorporation (for registered entities)	<input type="checkbox"/>	<input type="checkbox"/>	
10	Other business registration document (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	

**D. Identification Documents**

No.	Requirement	Yes	No	Remarks
11	Certified copy of Director's ID (all listed directors)	<input type="checkbox"/>	<input type="checkbox"/>	
12	Certified copy of Passport (all listed directors)	<input type="checkbox"/>	<input type="checkbox"/>	

**8.2 Verification (For Office Use)**

Complete Application

Incomplete – Missing documents (specify): \_\_\_\_\_

Verified by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_