



P.O BOX 31091,  
 BRAAMFONTEIN 2017  
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Music Cue Sheet Date.....submitted by.....Signed by (Designation) .....

Title of Production .....

Producer (name & address) .....

Contact details (Tel).....(Fax).....(Mobile).....

(E-mail).....

Recording studio (name & address where music recorded).....

Principal for whom Production Made (name & address).....

Description of Production ..... Product Name.....

Territories for which Clearance is Required.....

Media for which clearance is required.....

❖ INDICATE (X) IN WHOSE  
 NAME INVOICE AND  
 LICENCE TO BE ISSUED  
 BEARING IN MIND THAT  
 ALL PARTIES INVOLVED  
 ARE RESPONSIBLE FOR  
 PAYMENT. (PRODUCER  
 WILL BE USED UNLESS  
 OTHERWISE INDICATED)

TITLE OF COMPOSITION	COMPOSER/AUTHOR	PUBLISHER	Record details (i.e. record label name, prefix & no.)	DESCRIPTION OF USE (Back ground Visual theme, etc)	Duration	
					MINS	SECS

**N.B:**  
 Unless otherwise stated  
 visual rate will be charged

