



Receipt No.....of.....

THE INDEPENDENT MEDIA COMMISSION

3rd Floor, Kissy, House
54, Siaka Stevens Street
Freetown
Tel: 221840 / 221835
076-613-504 / 724 – 854

APPLICATION FOR REGISTRATION OF ADVERTISING/MEDIA PRODUCTION HOUSES

(Before completing this Form, please read THE INDEPENDENT MEDIA COMMISSION ACT 2000 as amended in 2006 and 2007) and the Media Code of Practice.

(This form is in two sections each of which should be completed by the applicant and submitted to the Executive Secretary, INDEPENDENT MEDIA COMMISSION)

SECTION 1

A. Full Name of Company, Institution or individual applying for registration

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B. Business Address:.....

Telephone No..... Mobile.....

E-Mail..... Fax.....

C. Name of Advertising Agency/Media Production Houses (if different from above)

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i. Current Business Registration Number

ii. Date of Registration:

D. STATUS OF APPLICANT:

- i. Individual
- ii. Institution established by Act of Parliament
- iii. Registered Company
- iv. Registered Business Partnership
- v. Any Other

(Tick appropriate box)

E. CATEGORY OF ADVERTISEMENT

What type of media production/advertising are you engaged in?

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SECTION II

- A. Daily hours of operation
- B. Business Plan (Submit as attachment)
- C. Name of Directors (if not individual/sole proprietor): (Submit proof of ID) (e.g. Passport, Licence, National ID)

No.	Name	Nationality	Status	ID No.

DECLARATION OF APPLICANT: (BLOCK LETTERS)

I do hereby declare on behalf of

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- (i) that the Independent Media Commission Code of Practice giving the Rules and Regulations governing the Establishment and Operations of Media Production Houses will be adhered to and complied with in every respect.
 - (ii) that no pornographic/indecent material will be produced/ broadcast/published.
 - (iii) that the particulars furnished above for the purpose of this application are true and correct in every detail to the best of my knowledge and belief and that no change(s) will be made in any of the foregoing particulars without prior notification in writing to the Executive Secretary and approval from the Independent Media Commission.

NAME: (BLOCK LETTERS)

DESIGNATION:

SIGNATURE: **DATE:**

NAME OF HEAD OF THE INSTITUTION

SIGNATURE HEAD OF THE INSTITUTION**DATE:**