

# CINEMA REASSESSMENT FORM



Customer enquiries 1300 852 388 cinema@apra.com.au www.apraamcos.com.au

Company Name: \_\_\_\_\_  
 Licence Number: \_\_\_\_\_  
 Location/s: \_\_\_\_\_

Pursuant to the terms of the previous licence agreement between this company/firm, and APRA we hereby advise APRA of the following box office figures for each cinema under our control, for the purposes of calculating licence fees under our agreement.

The following are the gross box office receipts excluding government taxes, for the year \_\_\_\_\_

Cinema Name		Gross Box Office Receipts
1		\$
2		\$
3		\$
4*		\$
Total Gross Box Office Receipts		\$

\* Please Note: As our company controls more than four cinemas, we have attached a separate schedule detailing the information required above.

All fields must be completed and signed:

Contact Name \_\_\_\_\_  
 Postal Address \_\_\_\_\_  
ADDRESS  
 \_\_\_\_\_  
POSTCODE  
 \_\_\_\_\_  
EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_  
ABN  
 \_\_\_\_\_

**The information contained in this document is signed by an authorised officer as true and correct:**

If you are filling out the form digitally - please type the words "Signed by me" followed by your full name in the Signature field below. For example: Signed by me, Jane Smith.

Signature \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Position of Person Signing \_\_\_\_\_  
POSITION