

REGISTRATION OF A DEPENDENT RIGHTSHOLDER BY A DECLARANT

Kindly read the [AGICOA Registration & Declaration Rules](#) and the [Terms and Conditions of the AGICOA Mandates](#).

***= Mandatory data**

DECLARANT 'S DETAILS

- 1) *Company name:
- 2) Kindly indicate your AGICOA Declarant Identification Number:

DEPENDENT RIGHTSHOLDER'S DETAILS

- 3) *Legal status:
- Legal entity: Company name
- OR**
- Natural person: First name Last name
- 4) *Address
- 5) *Zip 6) *City 7) *Country

VOLUNTARY MANDATES

In addition to **the mandatory General Mandate**, AGICOA is mandated in connection with the below services offered by distribution platform operators (for the avoidance of any doubt this term does not refer to the initial broadcasters of channels carried on these platforms) the right to grant or refuse authorization and to collect remuneration for the following services.

The present mandate is granted within the limits of and subject to the AGICOA Governing Rules.

The dependent rightsholder has the same voluntary mandates as the agent.	
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Kindly tick as appropriate if different from the agent:

Catch-up TV (up to maximum 15 days)	
TV Start from the beginning	
Pause and Resume	
Preview TV	
TV Everywhere via any device, including without limitation tablets, smartphones, laptops or PCs (Outside EU)	
In Home via any device, including without limitation tablets, smartphones, laptops or PCs within the home of the subscribers (Outside EU)	
Set Top Box to Set Top Box streaming (multi-room solutions) (Outside EU)	
Network Personal Video Recorder (NPVR)	
Communication to public areas	

By signing this Registration form, the Declarant hereby confirms having read and accepted the [AGICOA Registration and Declaration Rules](#), and the [Terms and Conditions of the AGICOA Mandates](#), having the authority to make this Declaration and that the foregoing is true, correct and complete.

Personal data provided in this form is processed in accordance with [AGICOA's Registration and Declaration Privacy Policy](#).

Full Name and Title of the authorized signatory on behalf of the Declarant (Agent):

*Name

*Title

*Date

*Signature