

COMPLAINT PROCEDURE FORM

Article 15 of the Distribution Rules

In bold : mandatory data			
-			
Rightholder			
AGICOA Identification No)		
Rightholder name			
Declarant name			
E-mail			
Signature		Date	
Claim*			
Broadcast work title			
Broadcast episode title			
TV Channel	Country of distrib	oution	
Broadcast date (dd/mm/yyyy)		Broadcast time (hh:mm)	
Broadcast duration (mm)		Broadcast language	
AGICOA work No			
	e above mentioned TV channel (s	COA for the corresponding broadcast (s) of the works) is (are) included in the distribution and (iii) the broad of this form.	
* For multiple broadcasts, p	olease attach an Excel fi	le with the same data as above.	
Type Feature Film (FF			Serial (SE)
Kind Fiction (FI) (exclu	uding animation);	Non Fiction (NF); Anima	tion (AN)
List of Attachments*:			
_	· 	racts and/or other supporting docum	
the following:	•	n involves the acknowledgment of- and the a	
 The Declarant confirms having of AGICOA. 	read and accepted the Distri	ibution Rules and the Members and Declara	nts Privacy Policy
The Declarant declares that the	e foregoing is true, correct an	nd complete.	

- The Declarant represents and warrants that it is entitled to file this complaint.
 Where AGICOA transfers the personal data provided by the Declarant in according to the complex of the personal data provided by the Declarant in according to the personal data provided by the Declarant in a
- Where AGICOA transfers the personal data provided by the Declarant in accordance with the AGICOA Privacy Policy for
 processing by third parties, including outside of Switzerland, the Declarant hereby consents to AGICOA's transferring of
 this data to such third parties, whether located in or outside of Switzerland.
- The Declarant hereby expressly authorizes AGICOA and/or any entity authorized by AGICOA, to use information provided by such Declarant, whether personal or not, in AGICOA's automated systems (such as the Rights Royalty Information System (IRRIS)).