



## COPYRIGHT (OPTICAL DISC PLANTS) REGULATIONS

### ANNUAL RETURNS FORM

PIN:.....

(Reporting Period :.....)

#### SECTION A: CORPORATE INFORMATION

1. NAME OF COMPANY: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 3. MANAGEMENT TEAM:

OFFICER	NAME	ADDRESS	CONTACT DETAILS (TEL/EMAIL)
MD/CEO			
Production Manager			
Compliance Manager			

#### SECTION B: OPERATIONAL INFORMATION

#### 4. INFORMATION RELATING TO MACHINES:

i. Number of Working Lines; \_\_\_\_\_

ii. Number of Non-functional Lines: \_\_\_\_\_

iii. Number of New Lines\* : \_\_\_\_\_

iv. Application of PIN: Yes \_\_\_\_\_ No \_\_\_\_\_

v. Use of SID Code: Yes \_\_\_\_\_ No \_\_\_\_\_

vi. Other Identifier(s): \_\_\_\_\_

**5. INFORMATION RELATING TO PRODUCTION**

No of production orders			No of Optical discs produced			No of reject discs		
Sound recording	Audio visual	Other	CD	VCD	Other	CD	VCD/DVD	other

**6. INFORMATION ON IMPORT OF RAW MATERIALS & EQUIPMENT :**

a. Type of Raw materials used: \_\_\_\_\_

b. Quantity Imported: \_\_\_\_\_

c. Quantity Consumed: \_\_\_\_\_

d. Current Stock: \_\_\_\_\_

e. Import of Production Part: \_\_\_\_\_

Mould(s): \_\_\_\_\_

Any other: \_\_\_\_\_

**DECLARATION:**

*I.....hereby confirm that the information provided in this form is true and correct in all material particulars and that I have the authority of the above named company to provide this information.*

**DATED THE.....DAY OF.....20**

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\* Provide information regarding new line in the replicating lines information sheet attached to form

Name : \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

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**SECTION C: FOR OFFICIAL USE:**

i. Date of Receipt of Form:.....

ii. Receiving Officer:.....

iii. Receiving Office:.....

iv. Desk Officer's Comment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Desk Officer's Signature/Date**

**ANNEXURE**

**REPLICATING SYSTEM INFORMATION**

<b>REPLICATION LINE NUMBER</b>			
1	MOULDING MACHINE	Brand & Model	
		Serial Number	
		Date of Manufacture	
2	PRODUCT TYPE (i.e CD, VCD,DVD,etc)		
3	MOULD 1:	Mould Type	
		Serial number	
		Date of manufacture	
		SID	
		Stamper inner diameter	
	MOULD 2:	Mould type	
		Serial number	
		Date of manufacture	
		SID	
		Stamper inner diameter	
4	DOWN STREAM PROCESSOR	Brand and Model	
		Serial number	
		Date of manufacture	
5	STANDARD OPERATING HOURS		
6	PRODUCTION CAPACITY PER 24 HOURS		

**NOTE:**

- i. In case of more than 1 (one) replicating line, additional information sheet should be used to record information for all subsequent lines.
- ii. Information must be provided for all replicating lines including non-functional lines.