



COMPOSERS AND AUTHORS SOCIETY OF SINGAPORE LIMITED
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<i>For Official Use Only</i>	
<i>RefNo</i>	
<i>Amount</i>	
<i>Officer</i>	

SUBMISSION OF PROGRAMME RETURN FORM

Name of Organiser :	
Name of Event :	
Venue :	Date of Performance :

Nature of Performance

Please tick as necessary Live Concert CD/VCD/LD/Cassette/Video Others

Song Title	Artiste/Performer	Composer Name In Full	Lyricist Name In Full	Duration of Each Song

(space insufficient, use overleaf)

I _____, declare that the factual material contained herein is true and correct.

Signature and Company Stamp:

Date:

