

# MUSIC VIDEO FUNDING APPLICATION FORM



(Note: The Applicant is the Record Company or Repertoire Owner)

**NAME OF BAND/ARTIST :**

**NAME OF SONG :**

**SONGWRITER(S) :**

Send a CD copy of the finished recording.

**RECORD COMPANY : \***

**RECORD COMPANY CONTACT DETAILS :**

Name:

Phone:

Address:

Mobile:

E-mail:

\* If you do not have a record company, put band/artist contact details in this box.

**VIDEO-MAKER :**

**VIDEO-MAKER CONTACT DETAILS :**

Name:

Phone:

Address:

Mobile:

E-mail:

**POST TO :**

**or**

**COURIER TO :**

NZ On Air  
P O Box 9744  
**WELLINGTON 6141**

NZ On Air  
2nd Floor, Lotteries Commission Building  
54-56 Cambridge Terrace  
**WELLINGTON**

Check closing dates with NZ On Air at [www.kiwihits.co.nz](http://www.kiwihits.co.nz) or by phoning 04 382 9524