



DUBBING PROGRAM REQUEST FORM

Program Title																			
Date Program Aired				D	D	M	M	Y	Y	Y	Y	Time		H	H	M	M	S	S
Medium		<input type="checkbox"/> TV	<input type="checkbox"/> RADIO	Name of Requestor															
																Email Address			
Reason Requesting a Program																			
How often do you watch this program and why?																			
Any suggestion you would like to make on the program?																			

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INDEMNITY

I, ID number..... do hereby affirm, to take all necessary precautions to ensure no further duplication or redistribution of the original material contained on the disc In the event of such occurring, I take full responsibility.

Signed, at on

For office use only;

Request approved: Date: Invoice:

Payment N\$: Signed out by:.....Date:

For further information or requests, please contact
Mr. Moses Tjaimi or Ms. Taimi Alweendo
eMail: dubbings@nbc.na or call: 061 **291 3189** or 061 **291 3141**