**DISTRIBUTOR ELIGIBILITY REQUEST FORM**

**MARKETING PROGRAM**

**Distribution company:**       (the “**Distributor**”)

The Distributor hereby requests that it be considered an eligible distribution company for the purposes of the Theatrical Documentary Program.

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**Relevant Distributor experience for the Canadian territory (in order of most recent first and for the last five (5) years only)**

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Note: A website link with the information will not be accepted; the information must be submitted by the Distributor via this form. The information in this table may be attached as a separate document

Signature:

Name of Representative:

Title:

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