



Music Authors' Copyright Protection (MACP) Berhad

COMPLAINT FORM

(For Licensees & Members Only)

Butiran Pengadu / Particular of Complainant

Nama (Penuh):

Name (Full):

No. KP/Pasport:

IC Number / Passport:

Telefon:

Phone:

Alamat E-mel:

E-mail address:

Aduan

Berkaitan:

Complaint

Regarding:

Keahlian MACP / *Membership with MACP*

Pengagihan Royalti / *Distribution of Royalties*

Pengendalian Hak Anda / *Administration of Your Rights*

Terma-Terma Pelesenan / *Licensing Terms and Conditions*

Tariff MACP / *MACP's Tariffs*

Tahap Perkhidmatan MACP / *Standard of our Services;*

Perilaku Kakitangan / *Conduct of our Employees;*

<input type="checkbox"/>
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Butir-butir

aduan:

*Description of
complaint:*

**Keputusan yang
diinginkan:**

Desired outcome:

Dokumen

sokongan:

Supporting

Documents:

*(*jika ada /* if available)*

Tandatangan/Signature:

Cop Syarikat/Company Seal:

Nama/Name:

Jawatan/Position:

Tarikh/Date:

No. Lesen / License No.: