

(IM8446) ARTISTE REGISTRATION FORM

PERSONAL DETAILS

1. Full Legal name.....
(Surname First) (Middle/Maiden)

2. Present Mailing Address.....

3. Permanent Residential Address.....

4. Permanent Home Address.....

5. Phone numbers.....

6. Age.....Date of Birth..... Sex.....

7. Marital Status (checked one) Single.....Married.....Widowed.....

8. Music Genre?

9. Music Division - Are you a soloist, group or band?
.....

10. Name of Performer, Group, Band.....

11. Music Division+ Please tell us about yourself and your music
.....

12. Please tell us what you want Sheba Entertainment to do for you?
.....
.....

13. Do you have a sponsor? If not how ready are you financially
to support your music career?
.....
.....

14. Where did you hear about S.E.?
.....

15. Your present occupation..... Read the following statement and sign
your name below it

NB: This registration fee is non-refundable

- a. I have read and do understand the responsibilities of registering with S.E. I accept the responsibilities including adherence to all the rules and regulation stated therein while I am with S.E.
- b. I agree that this is not in any way an appointment, or agreement letter.

DATE.....

SIGN.....

You are expected to submit form urgently. At our office address or via email.

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