



AUDIT BUREAU OF MEDIA CONSUMPTION SINGAPORE PTE. LTD.

APPLICATION FOR CIRCULATION AUDIT

We hereby apply for circulation audit to Audit Bureau of Circulations Singapore Pte Ltd and hereby undertake to comply strictly with the Rules and Regulations of Audit Bureau of Circulations Singapore Pte Ltd.

Name of Organisation: _____

Address: _____

Tel No.: _____

Fax No.: _____

Name of Publication: _____

Print

Digital Replica

Digital Non-Replica

*Please tick the format of the publication you wish to audit.

Frequency of Publication: _____

Local or international circulation: _____

Present circulation per issue: _____

Contact Person: _____

Designation: _____

Tel No. (DID): _____

Email: _____

Signature: _____

Date: _____