



REQUEST FOR ESCROW AGREEMENT

You wish to use our escrow agreement model. Please fill in the form below and return it to the following address legal@app.asso.fr.

We will then send you a pre-filled in escrow agreement model that you may then adapt to your needs.

 You must be an APP member to make a deposit.

 You must make a deposit of the work before the signature of the escrow agreement.

Box reserved for APP's use

Request n°

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You will find all of the necessary forms on our website <http://www.app.asso.fr/en/forms>

← CONTRACT PARTIES

Person sending the form Provider User

Person in charge of the file

Mr Mrs Surname First name
Email Phone

Provider

Corporate Name
Legal form
SIREN
Capital
Address (headquarters)
Poste Code City Country
APP member N° (if registered)

Legal representative Mr Mrs Position
Surname First name

User

Corporate Name
Legal form
SIREN
Capital
Address (headquarters)
Poste Code City Country
APP member N° (if registered)

Legal representative Mr Mrs Position
Surname First name

← CONCERNED WORK

Specific name of the work¹

Date of the licence contract binding the parties regarding to concerned work (not yet signed)

Has this work already been subject to a deposit with the APP? yes no

Please indicate your IDDN number²

IDDN

The surnames, first names and addresses of the members and his contacts are communicated to our internal services and organisations contractually linked to the APP, without objection. In this case, communication will be limited to the APP services. In accordance with articles 39 and the following articles of law n° 78-17 of the 6th January amended in 2004 related to information technology, files and freedom, any member may obtain, and if necessary, correct or withdraw information concerning him, by contacting the APP services at the following address : app@app.asso.fr

¹ If this work has already been submitted to the APP please ensure that the name indicated at the time of the deposit is the same.

² Last update number.