

\*\*\*\*\* Contract \*\*\*\*\*

Movie Name :- yghjghjgh

Provider Name :- jghjhgj

Provider Phone :- 6575675676

Period :- 657

Provider Ratio :- 65%

Paltform Ratio :- 35%

Fee :- 657\$

Payment Charge :- 7567%

Company Name :- 65jjghj

Adress :- yjgjj

CIN :- hgjhghjhgj

Director Name :- jghjhgj

DIN :- gjhgjgh