

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

Movie Name :- cfgfgfgcg

Provider Name :- ggcg

Provider Phone :- 546456456

Period :- 64566456546

Provider Ratio :- 54%

Paltform Ratio :- 46%

Fee :- 456546456\$

Payment Charge :- 456546456%

Company Name :- 6456

Adress :- 546546

CIN :- 56464556

Director Name :- 454646

DIN :- 45645

User\_Id :- 62761055df59ea9353d40205