

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

Movie Name :- hhhg

Provider Name :- gree5

Provider Phone :- 5465465465

Period :- 65

Provider Ratio :- 56%

Paltform Ratio :- 44%

Fee :- 55\$

Payment Charge :- 56%

Company Name :- 5jhghghghg

Adress :- jhgj

CIN :- hjghjhghj

Director Name :- hjhgj

DIN :- jhgjhghj