

S.C.P.P.
APPLICATION FOR MEMBERSHIP

NAME : _____	(1)
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ADDRESS : _____		(2)
Tel. : _____	Postal Code _____	City _____
<i>email</i> : _____	Country _____	

STATUT : (3)

- | | | |
|----------------|--------------------------|------------------|
| 1. Individual | <input type="checkbox"/> | 6. Other : _____ |
| 2. E.U.R.L. | <input type="checkbox"/> | |
| 3. PLC/INC | <input type="checkbox"/> | |
| 4. LTD | <input type="checkbox"/> | |
| 5. Association | <input type="checkbox"/> | |

<p>If the application is made by a legal entity :</p> <p>Company Chairman or Managing Director _____</p> <p>Office address _____</p> <p>_____</p> <p>Date of birth _____</p> <p>Nationality _____</p> <p>_____</p> <p>Date the company was founded <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p style="text-align: center;">The company is (4)</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Producer of phonograms <input type="checkbox"/> Producer of music videos <input type="checkbox"/> Licensee of producer(s) of phonogram(s) or music video(s) <input type="checkbox"/> Distributor <input type="checkbox"/> Assignee of phonographic producer(s) </p>	<p>If the application is made by an individual :</p> <p>Date of birth <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Nationality _____</p> <p>Date your activity began : Year <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p style="text-align: center;">You are (4)</p>
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Are you a member of the International Federation of the Phonographic Industry (SNEP)

YES NO

Name of your distributor _____

- (1) Company name for legal entities
 (2) Company headquarters for legal entities
 (3) Tick the appropriate box
 (4) Tick the box which best describes your activity

Signature of applicant

PLEASE ENCLOSE THE FOLLOWING :

- 1 - Certificate delivered by the Registrar of Companies less than three months ago (1),**
- 2 - Your bank account details,**
- 3 - The titles of five of your recordings, featuring the name of the main artist (as required by the General Regulations),**
- 4 - The sleeves or covers corresponding to these five recordings.**

- (1) For individuals : OR a certificate of nationality**
For associations : OR written acknowledgement of receipt for the registration of your association