

COMPOSER / AUTHOR APPLICATION FOR SAMRO MEMBERSHIP

INSTRUCTIONS

- 1. PLEASE USE BLOCK LETTERS AND A BLACK PEN TO COMPLETE.
- 2. PLEASE ATTACH A COPY OF YOUR ID / PASSPORT TO THE COMPLETED APPLICATION.

A. Title	e	
Gend	nder	
Surna	rname	
Full N	I Name(s)	
A.K.A	C.A / Pseudonym	
ID / P	Passport Number	

Date of Birth (YYYY-MM-DD)		
Country of Birth		
Nationality		
Residential Address		
Postal Address		
Telephone / Mobile No.		
E-Mail Address		

B. CONTACTS / NEXT OF KIN

1	Title
	Surname
	Full Name (a)
	Full Name(s)
	Tel:
	e-mail Address:
	e-man Address.
2	Title
	Surname
	Full Name(s)
	Tuli Name(s)
	Tel:
	e-mail Address:
	e-mail Address.
3	Title
	Surname
	Full Name(a)
	Full Name(s)
	Tel:
	e-mail Address:
	e-maii Audiess:

C. BANKING DETAILS

Bank Name				
Full Names and Surname of	of Account Holder			
Account Number				
Account Type				
e.g. Cheque / Savings / Mza	nsi / Transmission			
Branch Name				
Branch Code				
_	iven above is true and correct, and that I am authorised to sign			
	ald any of the above information change at any time, SAMRO			
_	avoid any delay in payments, or payment into an incorrect bank			
_	and accept that, in the event of the above information being neld responsible for any delay and/or loss.			
Signed at				
On this day of	20			

DECLARATION

I hereby apply to be admitted as a member of SAMRO in terms of its Memorandum of Incorporation ("the MOI"). If admitted, I agree to abide by the terms of the MOI as well as SAMRO's Rules and Regulations. I also hereby declare that I am not a member of any Performing Rights organisation or society in any other country, or SAMRO territory and that the details contained in this Application Form are correct.

Applicant's Signature			
The form must be signed by your parent / quardian if you are under 18 years of age).			

Return completed form to:

SAMRO Writer Services Department P.O. Box 31609, Braamfontein, 2017.