



**Date of Birth (YYYY-MM-DD)**

--	--	--	--	--	--	--	--

**Residential Address**

--

**Postal Address**

--

**Country of Birth**

--

**Nationality**

--

**Gender**

Male	Female
------	--------

**Contact Details**

Tel (H/W)	
Cell / Mobile	
E-mail Address	

## B. CONTACTS / NEXT OF KIN

<b>1</b>	Mr	Ms	Mrs	Dr	Prof	Rev
	<b>Full Name(s) and Surname(s)</b>					
	<b>Tel:</b>  <b>e-mail Address:</b>					
<b>2</b>	Mr	Ms	Mrs	Dr	Prof	Rev
	<b>Full Name(s) and Surname(s)</b>					
	<b>Tel:</b>  <b>e-mail Address:</b>					
<b>3</b>	Mr	Ms	Mrs	Dr	Prof	Rev
	<b>Full Name(s) and Surname(s)</b>					
	<b>Tel:</b>  <b>e-mail Address:</b>					

### C. BANKING DETAILS

**Bank Name**

**Full Names and Surname of Account Holder**

**Account Number**

**Account Type**

Cheque	Savings / Mzansi	Transmission	Other
--------	------------------	--------------	-------

**Branch Name**

**Branch Code**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

#### 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.

Signed at

On this day of

20

**Applicant’s Signature**

*(The form must be signed by your parent / guardian if you are **under** 18 years of age).*

**Return completed form to:**

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