



**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. PERSONAL DETAILS**

**Title**

**Gender**

**Surname**

**Full Name(s)**

**A.K.A / Pseudonym**

**ID / 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**

<b>1</b>	<b>Title</b> <b>Surname</b>  <b>Full Name(s)</b>
	<b>Tel:</b>  <b>e-mail Address:</b>
<b>2</b>	<b>Title</b> <b>Surname</b>  <b>Full Name(s)</b>
	<b>Tel:</b>  <b>e-mail Address:</b>
<b>3</b>	<b>Title</b> <b>Surname</b>  <b>Full Name(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**

*e.g. Cheque / Savings / Mzansi / Transmission*

**Branch Name**

**Branch Code**

I declare that the information given above is true and correct, and that I am authorised to sign in my personal capacity. Should any of the above information change at any time, SAMRO will be notified immediately to avoid any delay in payments, or payment into an incorrect bank account. In addition, I agree and accept that, in the event of the above information being incorrect, SAMRO will not be held 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 / guardian if you are **under** 18 years of age).*

## **Return completed form to:**

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