



Société des auteurs et compositeurs dramatiques

**ROYALTIES PAYMENT METHOD**

FAMILY NAME : \_\_\_\_\_

FIRST NAME : \_\_\_\_\_

SOCIAL INSURANCE NUMBER : \_\_\_\_\_  
(required for the income statement)

DATE AND PLACE OF BIRTH : \_\_\_\_\_

POSTAL ADDRESS : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS : \_\_\_\_\_

TELEPHONE NUMBER : \_\_\_\_\_

FAX NUMBER : \_\_\_\_\_

The royalties payments must be the following :

-cheque to my name

-cheque to my company which has the mandate to deliver any authorization or  
conclude contracts concerning my works  
I guaranteed the SACD against any action on this matter.

**COMPANY**

NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

COMPANY NUMBER (NEQ) : \_\_\_\_\_  
(required for the income statement)

Date \_\_\_\_\_,

**Signature** \_\_\_\_\_