



Société des auteurs et compositeurs dramatiques

ROYALTIES PAYMENT METHOD

FAMILY NAME : _____

FIRST NAME : _____

SOCIAL INSURANCE NUMBER : _____
(required for the income statement)

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 _____