SLOVAK PERFORMING AND MECHANICAL RIGHTS SOCIETY

## Rastislavova 3, 821 08 Bratislava 2, Slovakia, tel.: +4212/5020 2702, e-mail: pravne@soza.sk

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**Affiliation request**

**Publisher**

By filling this request you demonstrate your will to entrust the exploitation of your music copyright to SOZA. Please, send the completed form to our address and we will send you the Representation agreement based on the information hereunder.

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| --- |
| **Organisation**: (Statutory name as registered with the Chamber of Commerce or similar national institution) |
| **Registered office**: (Street/Number/Postal code/City/State) |
| **Postal address**: (Street/Number/Postal code/City/State)  |
| **VAT number**: |
| **Reg. number:** |
| **Contact person**: |
| **Tel.**:  |
| **E-mail**:  |
| **Website**:  |
| **Bank account (IBAN/SWIFT):** |

**Are you already represented by another collective rights management society?**

Yes, please specify name of collective rights management society: …………………….

No

 **List of published musical works**: (demonstrative enumeration)

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| --- | --- | --- |
| **Name of musical work** | Musical work is **part of the sound recording titled:** | **Catalogue number of the sound recording** |
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**Enclosures:** *(\* If the application contains any attachments, please insert their name hereunder.)*

**Declaration on data protection:**

Declaration of fulfilment of SOZA´s obligation to provide information to data subject before obtaining personal data and giving information about applicant´s rights relating to personal data:

An applicant as a person concerned declares that SOZA has given him all information regarding Art. 13 of Regulation (EU) 2016/679 and Act no. 18/2018 Coll. on the protection of personal data. Information referred to in the first sentence of this paragraph is available for applicants on the web site [www.soza.sk](http://www.soza.sk).

The undersigned hereby declares that all information included in this request is true and holds responsibility for any damages caused by incorrectly filled information.

In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_