



AFFILIATED TO THE INTERNATIONAL CONFEDERATION OF COPYRIGHT SOCIETIES (CISAC)
Registered Company • Reg. No. 1961/002506/07

SAMRO Place 20 De Korte Street Braamfontein
31609, Braamfontein 2017
011 712-8000
086 682 0270
www.samro.org.za

BENEFICIARY APPLICATION FOR SAMRO MEMBERSHIP

PLEASE ATTACH A COPY OF YOUR ID TO THE COMPLETED APPLICATION FORM

A. General

Name & Surname (as it appears on your ID)

B. Address Details

P O Box

Street Name

Postal code(Zip Code)

City

C. Alternative Address

P O Box

Street Name

Postal code(Zip Code)

City

D. Contact Details

Telephone number (Work)

Extension

Mobile Phone

Fax

E-mail

SMS

Internet Address

Line of Business

E. Member Type - Heir

Minor - Parent or Guardian Name

Passport Number

End Date

F. Banking Details

Bank account number

Type of Account

Name of Bank

Account Holder Name

G. IPI Information

Gender

Female

Male

Nationality

Birth Date

Place

H. Details of the deceased

1. Surname

2. First Names

3. Date of Birth

4. Date of Death

I. Signature

The undersigned declares that the details have been provided truthfully and in full:

Name/Surname _____

Position: _____

Town/City _____

Date _____

Signature _____

- If you are under 18 years of age, the form must be signed by your parent(s) or guardian(s)

DECLARATION

I, hereby apply to be admitted as a member of the Southern African Music Rights Organisation (SAMRO) in terms of its Memorandum and Articles of Association. If admitted, I agree to abide by the terms of those documents, as well as the Organisation's Rules and Regulations. I further acknowledge that should I be admitted as a member of SAMRO's Retirement Annuity Fund for its Members, the Rules of the fund will be binding upon myself and every person who may derive a claim upon the fund from me.

I hereby declare that I am not a member of any performing and / or mechanical 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____

Full Name _____

Return completed documents to:

SAMRO Writer
Services
P O Box 31609
BRAAMFONTEIN
2017