

COMPANY NAME : _____

ACTIVE SINCE : _____ WEB SITE : _____

POSTAL ADDRESS : _____

_____ PHONE : _____

QST NO. : _____ GST NO. : _____

CONTACT PERSON - NAME, PHONE, EMAIL : _____

ACCOUNTS PAYABLE - NAME, PHONE, EMAIL : _____

ARE YOU A MEMBER OF ADISQ ? NO YES, SINCE _____

* If YES, please attach a copy of your ADISQ Application Form along with Annexes 3, 5 & 6 of the "Licence cadre"

ARE YOU A BENEFICIARY OF A FUNDING PROGRAM ?

NO

FACTOR / MUSICACTION

SODEC

OTHER - PLEASE SPECIFY : _____

DISTRIBUTOR NAME : _____

PHONE : _____ EMAIL : _____

MANUFACTURER NAME : _____

PHONE : _____ EMAIL : _____

SIGNATURE : _____

NAME AND FUNCTION OF SIGNATORY : _____

DATE : _____

PLEASE COMPLETE, SIGN AND SEND

BY EMAIL : REPRODUCTION@SOCAN.COM

BY MAIL : Licences SODRAC, Tower B, Suite 1010, 1470 Peel st, Montreal, Quebec H3A 1T1