DECLARANT REGISTRATION FORM

Kindly read the AGICOA Registration and Declaration Rules, the Terms and Conditions of the AGICOA Mandates before signing the present form.

*** = Mandatory data**

Personal data provided in this form is processed in accordance with AGICOA's Registration and Declaration Privacy Policy.

GENERAL INFORMATION OF THE DECLARANT

1) *Declarant type:

Independent Rightsholder ☐ **OR** Agent ☐

2) *Legal status:

☐ Legal entity: *Company name _____

OR

☐ Natural person:* Ms. ☐ / * Mr ☐ *First name _____ *Last name _____

3) *Address _____

4) *Zip _____ 5) *City _____ 6) *Country _____

7) *Phone n° with prefix _____ 8) Fax n° with prefix _____ 9) Website _____

10) Company's email _____ 11) VAT n° _____

GENERAL ASSEMBLY: DESIGNATION OF A MEMBER

As per the AGICOA By-Laws, royalties paid to Declarants that are not Members are attributed for the calculation of the voting rights to the Member designated by any such Declarant. In the absence of such designation, the royalties paid to such Declarant will not be taken into account for the calculation of the voting rights. Kindly let us know which AGICOA Member you wish to designate, if any.
Members' web sites at: https://www.agicoa.org/english/about/members.html

12) None ☐ **OR** 13) Member name _____

MEMBERS

- 560 Media Rights Limited (GB)
- AGICOA NORGE (NO)
- AIPA (SI)
- ALGOA (LU)
- ANICA (IT)
- APFI (FI)
- APTPA-PBS (US)
- APU (UA)
- ARPI (BE)
- BAVP (BE)
- Belga Films (BE)
- CAPIT (AR)
- CFCA (CN)
- Comedia (BE)
- Compact Media Group (GB)
- CRC (CA)
- EGEDA (ES)
- EMI Music Publishing Limited (GB)
- FIAD (BE)
- FIAPF (FR)
- Film Center Serbia (RS)
- Filmautor (BG)
- Fintage House (NL)
- FRF (SE)
- GEDIPE (PT)
- GWFF (DE)
- IBAIA (ES)
- IFTA (US)
- MPA (US)
- PAC (ES)
- PACT (GB)
- PRD (DK)
- Producers' Guild of India (IN)
- Producers' Guild of Russia (RU)
- Produzentenverband e.V.(DE)
- SAMSA Film Sarl (LU)
- SAPA (SK)
- SAPOE (GR)
- SCREENRIGHTS (AU)
- SEKAM (NL)
- SE-YAP (TR)
- SIK (IS)
- SPI (IE)
- Suissimage (CH)
- UFI (BA)
- UFMI (UG)
- VAM (AT)
- VGF (DE)
- Videorights (IT)
- ZAPA (PL)

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-info@agicoa.org -www.agicoa.org

CONTACT PERSON N° 1

14) *Ms. ☐ / *Mr. ☐ 15) *First name ☐ *Last name ☐

16) *Function ☐

17) *Contact's direct email ☐

18) Contact n° 1 address (if different from 3) to 6) above) ☐

19) Contact n° 1 phone n° with prefix (if different from 7 above) ☐

WEB DECLARANT PORTAL (IRRIS WEB) *(Kindly specify contact's role & access(es))*

***20) *ROLE** (Please choose only one role)*

Web Portal Manager *(This person will be able to manage & update the profiles of his/her colleagues in the Web portal. Full access is granted to this person **Only one person** can be designated for this role.)*	☐
Web Portal User *(Kindly choose below which access(es), this person is entitled to get to the Web portal.)*	☐

*21) ***ACCESS(ES)** (this will define what the contact is entitled to do in the Web portal. A login to Web portal will be automatically sent to the contact(s) by email.)*

1. Full access	☐

OR

2.Declarant(s) details	Update & View ☐ View only ☐
3.Works & Rights declarations	Create & Update & View ☐ View only ☐
4.Conflicts *A conflict arises in the event of double declaration (or more) in respect of the same work & with an overlapping cumulative percentage of declared rights of more than 100%.*	Update & View ☐ View only ☐
5. Conflict Resolution Procedure (CRP) *AGICOA shall initiate a CRP only with respect to conflicts that involve royalties & shall give priority to conflicts of high monetary value.*	Update & View ☐ View only ☐
6.Bank details	Update & View ☐ View only ☐
7.Payments *With an "Update & View" profile, Contact is entitled toaccept or refuse AGICOA's releases.*	Update & View ☐ View only ☐

In order to validate this registration form, please provide AGICOA with a copy of an identification document of the signatory below.

* **Contact n° 1 signature**	

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-info@agicoa.org -www.agicoa.org

CONTACT PERSON N° 2

22) *Ms. ☐ / *Mr. ☐ 15) *First name ☐ *Last name ☐

23) *Function ☐

24) *Contact's direct email ☐

25) Contact n° 1 address (if different from 3) to 6) above) ☐

26) Contact n° 1 phone n° with prefix (if different from 7 above) ☐

WEB DECLARANT PORTAL (IRRIS WEB) *(Kindly specify contact's role & access(es))*

***27) *ROLE** (Please choose only one role)*

Web Portal Manager *(This person will be able to manage & update the profiles of his/her colleagues in the Web portal. Full access is granted to this person* ***Only one person*** *can be designated for this role.)*	☐
Web Portal User *(Kindly choose below which access(es), this person is entitled to get to the Web portal.)*	☐

*28) ***ACCESS(ES)** (this will define what the contact is entitled to do in the Web portal. A login to Web portal will be automatically sent to the contact(s) by email.)*

1. Full access	☐

OR

2.Declarant(s) details	Update & View ☐ View only ☐
3.Works & Rights declarations	Create & Update & View ☐ View only ☐
4.Conflicts *A conflict arises in the event of double declaration (or more) in respect of the same work & with an overlapping cumulative percentage of declared rights of more than 100%.*	Update & View ☐ View only ☐
5. Conflict Resolution Procedure (CRP) *AGICOA shall initiate a CRP only with respect to conflicts that involve royalties & shall give priority to conflicts of high monetary value.*	Update & View ☐ View only ☐
6.Bank details	Update & View ☐ View only ☐
7.Payments *With an "Update & View" profile, Contact is entitled to accept or refuse AGICOA's releases.*	Update & View ☐ View only ☐

In order to validate this registration form, please provide AGICOA with a copy of an identification document of the signatory below.

* **Contact n° 2 signature**	

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CONTACT PERSON N° 3

29) *Ms. ☐ / *Mr. ☐ 15) *First name ☐ *Last name ☐

30) *Function ☐

31) *Contact's direct email ☐

32) Contact n° 1 address (if different from 3) to 6) above) ☐

33) Contact n° 1 phone n° with prefix (if different from 7 above) ☐

WEB DECLARANT PORTAL (IRRIS WEB) *(Kindly specify contact's role & access(es))*

***34) *ROLE** (Please choose only one role)*

Web Portal Manager *(This person will be able to manage & update the profiles of his/her colleagues in the Web portal. Full access is granted to this person* ***Only one person*** *can be designated for this role.)*	☐
Web Portal User *(Kindly choose below which access(es), this person is entitled to get to the Web portal.)*	☐

*35) ***ACCESS(ES)** (this will define what the contact is entitled to do in the Web portal. A login to Web portal will be automatically sent to the contact(s) by email.)*

1. Full access	☐

OR

2.Declarant(s) details	Update & View ☐ View only ☐
3.Works & Rights declarations	Create & Update & View ☐ View only ☐
4.Conflicts *A conflict arises in the event of double declaration (or more) in respect of the same work & with an overlapping cumulative percentage of declared rights of more than 100%.*	Update & View ☐ View only ☐
5. Conflict Resolution Procedure (CRP) *AGICOA shall initiate a CRP only with respect to conflicts that involve royalties & shall give priority to conflicts of high monetary value.*	Update & View ☐ View only ☐
6.Bank details	Update & View ☐ View only ☐
7.Payments *With an "Update & View" profile, Contact is entitled to accept or refuse AGICOA's releases.*	Update & View ☐ View only ☐

In order to validate this registration form, please provide AGICOA with a copy of an identification document of the signatory below.

* **Contact n° 3 signature**	

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MAILING LIST RECEIVER

*General information & CRP[1] notification	Contact n° 1 ☐	Contact n° 2 ☐	Contact n° 3 ☐
	Only one person to be designated		
(e.g.: AGICOA new services, Declaration deadlines, Annual report, etc.)			
*Finance	Contact n° 1 ☐	Contact n° 2 ☐	Contact n° 3 ☐
	Only one person to be designated		
(e.g.: Account statement)			
*Conflict notification[2]	Contact n° 1 ☐	Contact n° 2 ☐	Contact n° 3 ☐
	Several contacts can be designated		

[1] Conflict Resolution Procedure: AGICOA shall initiate a CRP only with respect to conflicts that involve royalties & shall give priority to conflicts of high monetary value.

[2] A conflict arises in the event of double declaration (or more) in respect of the same work & with an overlapping cumulative percentage of declared rights of more than 100%.

PAYMENT DETAILS

Our internal control procedures require you to provide AGICOA with a copy of a bank account statement of the beneficiary of the payments received from AGICOA that can confirm details given here.

BENEFICIARY OF THE PAYMENTS RECEIVED FROM AGIGOA

36) *Beneficiary Account Name

37) Money Laundering, if the Bank account has another beneficiary than the Declarant, tight money laundering legislation requires an explanation)

38) *Beneficiary Address

39) *Zip 40) *City

41) *Country

BANK IDENTIFIER

42) *Bank Name

43) *Bank Address

44) *Zip 45) *City

46) *Country

47) *Bank details:

*IBAN[3]

*BIC/SWIFT[4]

OR

*Bank Account No

*BIC/SWIFT[4]

ABA/Fed Wire/Routing No OR Other Bank Identifier is mandatory if Bank Account No is not an IBAN.

*ABA[5]/Fed Wire/Routing N°

*Other Bank Identifier[6]

[3]IBAN: International Bank Account Number - [4]BIC/SWIFT: Unique Bank Identification Code - [5]ABA: American Bankers Association Number - [6]Other Bank identifier: Not an ABA/Fed Wire/Routing N°

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By signing this form, the Declarant confirms having read and accepted the AGICOA Registration and Declaration Rules and the Terms and Conditions of the AGICOA Mandates, having the authority to make this Declaration and that the foregoing is true, correct and complete.

Signature of authorized signatory on behalf of the Declarant (Legal entity) or Declarant (Natural person).
Please provide AGICOA with a copy of the signatory's identification document (in any cases) as well as of an extract of the commercial register (for legal entities).

*Name

*Title

*Date

*Signature

On top of this "Declarant Registration form" duly signed and completed, kindly provide the following additional mandatory documents to AGICOA:

1. **For all declarants: a copy of a bank account statement clearly showing the beneficiary name and the account number (IBAN, SWIFT/BIC or other) as well as the bank name (financial transaction information can be blacked out);**
2. **For all contacts: a copy of his/her identification document(s) (passport/ID card/driving license);**
3. **For legal entities: a commercial register extract of the entity.**

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VOLUNTARY MANDATE FORM

I hereby mandates AGICOA as follows in connection with the below services offered by distribution platform operators (for the avoidance of any doubt this term does not refer to the initial broadcasters of channels carried on these platforms) the right to grant or refuse authorization and to collect remuneration for the following services:

Kindly tick as appropriate:

- ☐ Catch-up TV (up to maximum 15 days);
- ☐ TV Start from the beginning;
- ☐ Pause and Resume;
- ☐ Preview TV;
- ☐ TV Everywhere via any device, including without limitation tablets, smartphones, laptops or PCs;
- ☐ In Home via any device, including without limitation tablets, smartphones, laptops or PCs within the home of the subscribers;
- ☐ Set Top Box to Set Top Box streaming (multi-room solutions);
- ☐ Network Personal Video Recorder (NPVR);
- ☐ Communication to public areas.

The present mandate is granted within the limits of and subject to the AGICOA Governing Rules.

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