



APPOINTMENT OF AUTHORIZED ACCOUNT REPRESENTATIVE

To add an authorized representative on your account with ACTRA Performers' Rights Society d/b/a ACTRA Recording Artists' Collecting Society ("ACTRA RACS"), please complete this form and return a signed copy to racs@actra.ca. Forms may also be sent via fax or post, see contact information below.

ARTIST INFORMATION

LEGAL NAME: _____
ARTIST NAME (If applicable): _____
RACS ARTIST ID#: _____

AUTHORIZED REPRESENTATIVE INFORMATION

NAME _____
ENTITY/AGENCY (if applicable) _____
EMAIL: _____
PHONE: _____
STREET ADDRESS: _____
CITY, PROVINCE/STATE, POSTAL: _____
COUNTRY: _____

I authorize adding the above representative (individual or entity) to my account with ACTRA RACS. My authorized representative will be entitled to act on my behalf with respect to my account and interactions with ACTRA RACS. This includes, but is not limited to, registering me as an artist with ACTRA RACS, accessing my ACTRA RACS Artist Portal, making certain changes and modifications to my account (e.g. changes to my profile), receiving copies of my royalty statements, and providing any other data required by ACTRA RACS to collect and issue payments. For clarity, my authorized representative may not terminate or amend my mandate. In addition, I authorize ACTRA RACS to answer any questions my representative raises about my account with ACTRA RACS. I understand that to revoke this authorization I must advise ACTRA RACS in writing by registered mail or email sent to ACTRA RACS at the address below.

By signing below, I warrant and represent that I have full and complete authority to request the change set forth herein to the account referenced above, and, if the party requesting such change is an entity, I am fully authorized to act and request this change on behalf of such entity.

SIGNATURE: _____

DATE: _____