



ABRAMUS - Music

MEMBERSHIP APPLICATION FORM - LEGAL ENTITY

CATEGORIES	REPRESENTATION		
Publisher	World	Brazil	Other: _____
Phonogram producer	World	Brazil	Other: _____

RIGHTHOLDER INFORMATION

Company Name: _____

Trading Name: _____

Company registration number (for taxation) _____

CNPJ: _____

Since I do not belong to a similar entity, in strict accordance with art. 97, § 1st of Brazilian Author Rights Law number 9610/98, I hereby come to apply to become a member of ASSOCIAÇÃO BRASILEIRA DE MÚSICA E ARTES - ABRAMUS.

Accordingly, I ask for your approval.

_____, _____ of _____ of _____

Signature

FOR ABRAMUS EXCLUSIVE USE ONLY

ABRAMUS Code: _____	ECAD Code: _____	
CAE/IPI: _____	IFPI Code: _____	HD Code: _____
Codes to match: _____		

RIGHTHOLDER INFORMATION

Company Name: _____

Trading Name: _____

Complete Address: _____

District: _____ Postal Code: _____

Phone: _____ Mobile: _____ Fax: _____

E-mail: _____ Website: _____

LEGAL REPRESENTATIVE INFORMATION

Full Name: _____

Passport Number: _____ Nationality: _____

State or region of Birth: _____ Gender: M F

Marital Status: _____ Spouse Name: _____

Phone: _____ Mobile: _____

E-mail: _____

CONTACT

Name: _____ Department: _____

Phone: _____ E-mail: _____

Name: _____ Department: _____

Phone: _____ E-mail: _____

PAYMENT INFORMATION

Account Types: Personal: _____ Joint: _____ Account Holder: _____

Bank Name: _____

Currency: _____ National ID N^o (for taxation): _____

Account Number: _____ Swift Code: _____ IBAN: _____

Other relevant information:

NECESSARY DOCUMENTS:

- Copy of company registration /
- Proof of address