

REGISTRATION FORM TELEVISION DIRECTION

IMPORTANT : A COPY OF THE CONTRACT(S) SIGNED WITH THE PRODUCTION COMPANY BY EACH SIGNATORY OF THE FORM MUST BE ATTACHED

REMINDER: THE DECLARATION MUST BE MADE BEFORE ANY EXPLOITATION OF THE WORK

The duly completed and signed form must be sent to:

SACD - Pôle Auteurs Utilisateurs - 9 rue Ballu, 75009 PARIS, tel.: + 33 (0)1 40 23 44 55

Belgium: SACD - 87 rue Prince Royal - 1050 Bruxelles, tel.: + 32 2 551 03 20

Canada: SACD - bureau 605 - 4446 Bd St Laurent - H2W 1Z5 Montréal, tel.: + 1 514 738 8877

The information requested on this document is obligatory. Your declaration will not be processed unless the form is completed in full. The personal information collected from this document and from your audiovisual contracts will undergo data processing, the key purpose of which is the collection and distribution of royalties. The SACD declares this data processing to the Commission Nationale Informatique et Libertés (CNIL) under the reference number 1330917. The recipients of these data are the SACD's subsidiaries and its key partners, the list of which is available from the SACD's Data Protection Officer (DPO). These data may be subjected to statistical analysis regarding authors' status and activity. They may also be communicated by the SACD to authorized third parties, after being anonymized, with the sole aim of undertaking statistical studies. You have the option of contacting the SACD's DPO to refuse such communication of your data. In accordance with the French Law of January 6, 1978 on Information Technologies and Civil Liberties (amended in 2004), you have the right to access your personal information and to request it be updated and for expired data to be deleted. All such requests should be addressed to the SACD's DPO by post: SACD-CIL 11 bis rue Ballu Paris (75009), or by email: cil@sacd.fr (attach a copy of your ID).

REGISTRATION FORM

TELEVISION DIRECTION

Work dossier		FOR SACD USE ONLY	
SACD No.	<input type="text"/>		
Ida No.	<input type="text"/>		
Isan No.	<input type="text"/>		
Certificate	Date received	<input type="text"/>	Signatures
Scale	Date completed	<input type="text"/>	
Category	Date of certificate	<input type="text"/>	

If declaring the TV broadcast of a performing arts work, please complete the TV BROADCAST OF A PERFORMING ARTS WORK form.

TITLE * **Season No. ***

Episode No. * subtitle

list of the declared episodes or sketches attached *(if it isn't a standalone work) **

Total number of episodes/sketches	Duration of each episode	Number of episodes/sketches declared on this document
<input type="text"/>	<input type="text"/> minutes	<input type="text"/>

GENRE OF THE WORK* *(tick one box only)*

- | | | | |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> drama | <input type="checkbox"/> sketch | <input type="checkbox"/> remake | <input type="checkbox"/> sequel |
| <input type="checkbox"/> spin-off | <input type="checkbox"/> puppetry | <input type="checkbox"/> docudrama | <input type="checkbox"/> musical |
| <input type="checkbox"/> linking or presentation texts | | <input type="checkbox"/> hidden camera | <input type="checkbox"/> partly-scripted fiction |

FORMAT * *(tick one box only)*

- | | | |
|--|---|--|
| <input type="checkbox"/> standalone work | <input type="checkbox"/> serie | <input type="checkbox"/> mini-series / work in several parts |
| <input type="checkbox"/> serial | <input type="checkbox"/> sitcom | <input type="checkbox"/> soap-opera |
| <input type="checkbox"/> collection | <input type="checkbox"/> broadcast design | <input type="checkbox"/> saga |
| | | <input type="checkbox"/> credit sequence |

SUJET *(if applicable, tick one box only)*

- for children/young-people erotic / pornographic

ANIMATION * *(tick one box only)*

- live action animation animation + live action

COLOUR * *(tick one box only)*

- colour black and white colour + black and white colorized

SOUND * *(tick one box only)*

- talking silent

PROPOSED DURATION OF DECLARED WORK * hours minutes seconds

PRODUCTION * year of production * country of production *

shooting language * producer(s) *

SCREENWRITER(S) *

OTHER PARTICIPANTS *

main actors * characters (for Animation) *

FIRST BROADCAST *

date channel program
(if applicable)

REGISTRATION FORM - TELEVISION DIRECTION

TITLE *

SHARE OF ROYALTIES *

author account (1.) / processing code (2.)	surname *	first name *	pen name	share* (in %)	signature *
(1.) <input type="text"/> (2.) <input type="text"/>					
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(1.) <input type="text"/> (2.) <input type="text"/>					

100%

I/we solemnly state to be the sole author(s) of the work declared above, and that all the signatories have collaborated on it.
 This work has not been screened, broadcast or otherwise exploited before the above date: it has never gone on general release or been certified for screening.
 I/we certify that the declarations made on this form are truthful, and that I/we bear sole responsibility for them. I/we solemnly state to not having made any other declaration for this work to another authors' society.

Signed in* _____ on* ___ / ___ / _____ Signature(s) *