

## **SOCAN** PUBLISHER DIRECTION TO SOCAN CONCERNING PAYMENT OF WRITER'S REPRODUCTION RIGHT ROYALTIES

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## **BETWEEN: "PUBLISHER"**

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| PHOI  | NE:EMAIL:   |  |  |  |
|   | D: SOCIETY OF COMPOSERS, AUTHORS AND MUSIC PUBLISHERS OF CANADA DCAN")  |  |  |  |
| PUB   | LISHER AND SOCAN ACKNOWLEDGE AND AGREE WITH THE FOLLOWING:  |  |  |  |
| Α.  | Publisher is a client of SOCAN's music reproduction rights service ("SOCAN") and owns, or is authorized to administer, the reproduction rights in the musical works listed in the Reproduction Rights Representation Agreement entered into by the parties, including the Territory and the Offering there indicated; |  |  |  |
| B.  | Effective immediately, Publisher requests that SOCAN remit directly to Publisher's writer(s) as listed in Appendix A (to be kept updated by Publisher) the registered reproduction rights share of the reproduction rights royalties pursuant to the publishing agreement (the "Writer's Royalties");                 |  |  |  |
| C.  | Publisher warrants that it has the right and authority to direct SOCAN to remit the Writer's Royalties as contemplated herein and hereby grants to SOCAN the right to do so;  |  |  |  |
| D.  | SOCAN agrees that it shall take all steps necessary to pay the Writer's Royalties to the writer(s) in accordance wit the Publisher's direction herein and any other rules, regulations and decisions as may be adopted or amended from time to time by SOCAN in relation to reproduction rights;                      |  |  |  |
| E.  | Publisher may terminate this direction upon written notice to SOCAN, and SOCAN shall cease to remit the Writer's Royalties payable to the writer(s) as of the end of the full calendar quarter following receipt of the Publisher's written notice.   |  |  |  |
|   | IATURE OF PUBLISHER OR REPRESENTATIVE DATE  TRONIC SIGNATURE NOT ACCEPTED - PLEASE PRINT AND SIGN   |  |  |  |

\_\_ EFFECTIVE DATE: \_\_\_\_\_



## PUBLISHER DIRECTION TO SOCAN CONCERNING PAYMENT OF WRITER'S REPRODUCTION RIGHT ROYALTIES

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| RIGHTSHOLDERS' OR AUTHORIZED REPRESENTATIVE FULL NAME: |                    |                       |  |  |
|--|--------------------|-----------------------|--|--|
| NAME OF PUBLISHER                                      | ASSOCIATED WRITERS | IPI# OR SOCAN MEMBER# |  |  |
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Any changes to this appendix should to be sent to SOCAN in a timely and continuous manner, by the publisher.