

**PRODUCTION NOTIFICATION**  
**AUDIOVISUAL RECORDING**  
Please fill out one form for each product



PRODUCTION  
PRODUCTION TITLE (name of series, if applicable) \_\_\_\_\_  
NAME OF PRODUCER \_\_\_\_\_  
DIRECTOR \_\_\_\_\_

MUSICAL WORKS USED IN THE PRODUCTION  
*Please remit a copy of the Agreement you signed with the PRODUCER*  
PRE-EXISTING MUSICAL WORKS?      NO      YES  
COMMISSIONED MUSICAL WORKS?      NO      YES  
CO-WRITTEN?      NO      YES  
NAME(S) OF CO-WRITER(S) \_\_\_\_\_

*Please remit **Audiovisual cue sheet** (template available [here](#)) listing all the music used in the PRODUCTION*

RIGHTS GRANTED  
GUILD AGREEMENT? (for example: SCGC or SPACQ)      NO      YES  
FULL BUY-OUT TO PRODUCER?      NO      YES  
LICENSE SUBJECT TO MANAGEMENT BY REPRODUCTION COLLECTIVES SOCIETIES?      NO      YES  
PUBLISHING AGREEMENT?      NO      YES  
NAME OF PUBLISHER \_\_\_\_\_

*Please remit a copy of the Agreement you signed with the PUBLISHER*

EXPLOITATION OF THE PRODUCTION  
TV BROADCAST?      DON'T KNOW      NO      YES  
NAME OF BROADCASTER(S) \_\_\_\_\_  
VOD/WEBCASTING?      DON'T KNOW      NO      YES  
NAME OF SITE(S)/BROADCASTER(S): \_\_\_\_\_  
TERRITORIES OF DISTRIBUTION:      CANADA ONLY      WORLD      OTHER \_\_\_\_\_

ROYALTIES  
HAVE YOU ALREADY RECEIVED ROYALTIES FROM THE EXPLOITATION OF THIS PRODUCTION FROM ANY OTHER SOURCES?  
NO      YES      DATE OF LAST PAYMENT \_\_\_\_\_

I, the undersigned, certify that, to the best of knowledge, all the above information is accurate, and I acknowledge and agree that it shall constitute the basis of the ability of SOCAN to provide its services.

NAME \_\_\_\_\_      DATE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

Please return the completed form      by email: [reproduction@socan.com](mailto:reproduction@socan.com)  
by mail: 41 Valleybrook Dr., Toronto, ON, M3B2S6