



**SOUTH AFRICAN
RECORDING RIGHTS
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SARRAL MEMBERSHIP CLAIMS FORM

Please use **BLOCK LETTERS** to complete this form.

For office use only

Claim no:	
Date	
Member No	

A Your Details

1 Surname _____ Names _____
 Address _____
 _____ Code _____
 Contact no's _____ Email _____

Your original product details

2 Type of product *(tick applicable)*

Project	Song	Others (Please specify)
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State names / titles of your product _____
 Code (if applicable) _____
 Company _____
 Secondary Company _____
 Year/ period _____

People you worked with (for reference)

3 Name _____ Name _____
 Capacity _____ Capacity _____
 Contact no _____ Contact no _____
 Company _____ Company _____

Name _____ Name _____
 Capacity _____ Capacity _____
 Contact no _____ Contact no _____
 Company _____ Company _____

B Infringed product details

4 Type of product *(tick applicable)*

Project	Song	Others (Please specify)
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State name/ title of your product _____
 Code (if applicable) _____
 Company _____
 Secondary Company _____
 Year/ period _____

5 Parties Involved (Companies, Individuals etc)

Name _____ Name _____
 Capacity _____ Capacity _____
 Contact no _____ Contact no _____
 Company _____ Company _____

Name _____ Name _____
 Capacity _____ Capacity _____
 Contact no _____ Contact no _____
 Company _____ Company _____

