



South African Recording Rights Association Limited  
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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	192353

**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)

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)

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 \_\_\_\_\_

