



TRACK REGISTRATION FORM

Postal address: Private Bag 78850, Grey Lynn, Auckland 1245
Registered office:
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One of these forms must be completed for every recording/video for which you are claiming rights under this distribution scheme. If you are registering multiple products (for example an album and a video) please fill out a separate form for each different product.

RECORDING ARTIST NAME: _____

CONFIGURATION: Album Single Video

DISTRIBUTOR: _____

AGREEMENT TYPE: Exclusive Agreement Non-Exclusive Agreement Distribution Agreement

NAME (in the case of an album, EP or DVD) _____

TRACK DETAILS	ISRC CODE (if known)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____

I warrant that the above information is true and correct. I acknowledge that whilst PPNZ will use its best endeavours to determine the applicable distribution, payments can only be calculated on the basis of the provision of the correct and complete information.

NAME: _____

SIGNATURE: _____

DATE: _____