

## LETTER OF AUTHORITY

Membership enquiries 0800 69 2772 nz@apra.co.nz www.apraamcos.co.nz

Please use this form to authorise your manager(s), business associates, or other trusted individuals to have access and/or receive documents relating to your membership information.

You can elect for an authorised individual to be copied on your membership correspondence to the fullest extent by granting them Full Access. However, you cannot opt out of your business-related correspondence. This will still come to you in addition to your authorised person.

If you have any questions about this form, please contact your local or international Writer Services Representative.

## **Access levels:**

- Full Access Access to all areas of membership information
- Performance Access to submit Performance Reports and create Setlists
- Administrative Access to submit Work Registrations
- Financial Access to view Royalty Statements
- OPUS Access to the Online Portal for Uploading Songs

Member name:	
IPI number:	
Name for authorisation	
Business role	
Address	
Phone	
Email	
Type of access	☐ Full access
I authorise the following access to the above named:	Performance
	Administrative
	Financial
	□ OPUS
YES, this person can be	copied on my APRA AMCOS correspondence
YES, this person can ma	ke enquiries on my behalf in relation to their area of access.



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This authority shall remain c	urrent until ceased by me in writing.
Member signature:	
Date:	
Thanks would and account the t	aura of ADDA AMCOC Duive ov Doliny (bathroul)

I have read and accept the terms of APRA AMCOS' Privacy Policy (https://www.apraamcos.co.nz/about/governance-policy/policies-procedures/privacy-policy) and consent to the handling of my personal information as described in those terms.