

APPLICATION FOR MEMBERSHIP - ESTATE



PROFESSIONAL NAME

(professional name of the deceased)

CINEMATOGRAPHER **EDITOR** **PRODUCTION DESIGNER** **COSTUME DESIGNER**

DATE OF BIRTH

DATE OF DEATH

CONTACT DETAILS OF THE ESTATE

NAME

ADDRESS

COUNTRY

POSTCODE

EMAIL

PHONE

MOBILE

NOMINATED BANK ACCOUNT FOR THE RECEIPT OF PAYMENTS

BANK

ACCOUNT NAME

SORT CODE

ACCOUNT NUMBER

REGISTRATION FEE

Screen Craft Rights charges of one-off registration fee of £35. This will be deducted from the first payment.

I HEREBY APPLY TO BE AN ESTATE MEMBER OF SCREEN CRAFT RIGHTS LTD. I UNDERSTAND THAT AS A MEMBER I ACCEPT A MAXIMUM LIABILITY OF £1 IN RESPECT OF THE COMPANY.

SIGNED

DATE

PLEASE RETURN TO:
SCREEN CRAFT RIGHTS 27 Orchard Road Twickenham
Middx TW1 1LX

07861 411194
info@screencraftrights.org