

REGISTRATION FORM TELEVISION DIRECTION

IMPORTANT : A COPY OF THE CONTRACT(S) SIGNED WITH THE PRODUCTION COMPANY BY EACH SIGNATORY OF THE FORM MUST BE ATTACHED

REMINDER: THE DECLARATION MUST BE MADE BEFORE ANY EXPLOITATION OF THE WORK

The duly completed and signed form must be sent to:

SACD - Direction auteurs - Affaires sociales - Utilisateurs - TSA 90046 - 75437 PARIS CEDEX 9

Belgium: SACD - 87 rue Prince Royal - 1050 Bruxelles, tel.: + 32 2 551 03 20

Canada: SACD - bureau 605 - 4446 Bd St Laurent - H2W 1Z5 Montréal, tel.: + 1 514 738 8877

Our Policy to Protect your Personal Data

The information collected and processed by the SACD in the framework of the work declaration will not be transferred nor made available to third parties, be this free-of-charge or against payment. The SACD is a non-profit collective management organization that does not commercially exploit your data.

Data Controller: SACD (11 bis rue Ballu, 75009 Paris, France)

Purpose (and its basis): collection and distribution of royalties and other author's fees (Statutes of the SACD)

Recipients of the data: within the limits of their respective powers, duly authorised SACD staff, other collective management bodies located in and outside the European Union with which the SACD has signed representation agreements.

Your rights: you can **access, rectify and delete your data, apply limitations on and object to the processing of your data, and give instructions as to the fate of your data in the event of your decease.** You can assert these rights either directly in "Manage my profile" of your Member Space (if you are an SACD member), or by sending an email to our **Data Protection Officer (DPO)** at dpo@sacd.fr, or by sending a letter to SACD-DPO, 11 bis rue Ballu, 75009 Paris, France. If you encounter any difficulties asserting your rights, you can call on the French Data Protection Authority (Commission Nationale Informatique et Libertés).

REGISTRATION FORM

TELEVISION DIRECTION

If declaring the TV broadcast of a performing arts work, please complete the TV BROADCAST OF A PERFORMING ARTS WORK form.

Work dossier

FOR SACD USE ONLY

SACD No.

Ida No.

Isan No.

Certificate

Date received

Signatures

Scale

Date completed

Category

Date of certificate

TITLE * Season No. *

Episode No. * subtitle

list of the declared episodes or sketches attached *(if it isn't a standalone work) **

Total number of episodes/sketches	Duration of each episode	Number of episodes/sketches declared on this document
<input type="text"/>	<input type="text"/> minutes	<input type="text"/>

GENRE OF THE WORK* *(tick one box only)*

- | | | | |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> drama | <input type="checkbox"/> sketch | <input type="checkbox"/> remake | <input type="checkbox"/> sequel |
| <input type="checkbox"/> spin-off | <input type="checkbox"/> puppetry | <input type="checkbox"/> docudrama | <input type="checkbox"/> musical |
| <input type="checkbox"/> linking or presentation texts | | <input type="checkbox"/> hidden camera | <input type="checkbox"/> partly-scripted fiction |

FORMAT * *(tick one box only)*

- | | | |
|--|---|--|
| <input type="checkbox"/> standalone work | <input type="checkbox"/> serie | <input type="checkbox"/> mini-series / work in several parts |
| <input type="checkbox"/> serial | <input type="checkbox"/> sitcom | <input type="checkbox"/> soap-opera |
| <input type="checkbox"/> collection | <input type="checkbox"/> broadcast design | <input type="checkbox"/> saga |
| | | <input type="checkbox"/> credit sequence |

SUJET *(if applicable, tick one box only)*

- for children/young-people erotic / pornographic

ANIMATION * *(tick one box only)*

- live action animation animation + live action

COLOUR * *(tick one box only)*

- colour black and white colour + black and white colorized

SOUND * *(tick one box only)*

- talking silent

PROPOSED DURATION OF DECLARED WORK * hours minutes seconds

PRODUCTION * year of production * country of production *

shooting language * producer(s) *

SCREENWRITER(S) *

OTHER PARTICIPANTS *

main actors * characters (for Animation) *

FIRST BROADCAST *

date channel program
(if applicable)

* the fields marked with an asterisk are obligatory

REGISTRATION FORM - TELEVISION DIRECTION

TITLE *

SHARE OF ROYALTIES *

author account (1.) / processing code (2.)	surname *	first name *	pen name	share* (in %)	signature *
(1.) <input type="text"/> (2.) <input type="text"/>					
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100%

I/we solemnly state to be the sole author(s) of the work declared above, and that all the signatories have collaborated on it.
 This work has not been screened, broadcast or otherwise exploited before the above date: it has never gone on general release or been certified for screening.
 I/we certify that the declarations made on this form are truthful, and that I/we bear sole responsibility for them. I/we solemnly state to not having made any other declaration for this work to another authors' society.

Signed in* _____ on* ___ / ___ / _____ Signature(s) *