

THIS FORM CAN BE COMPLETED ON SCREEN.

Once completed, save to your desktop and then email to memberservices@recordedmusic.co.nz.

1. MASTER RIGHTS AGREEMENT

This acceptance of the Master Rights Agreement is dated and commences from the _____ day of _____ 20____
(Commencement Date).

BETWEEN

A. **RECORDED MUSIC NEW ZEALAND LIMITED**

a duly incorporated company having its registered office at Level 1, 2a Hakanoa Street, Grey Lynn, Auckland "Recorded Music NZ"
AND

B.

Insert name of artist/band name or label/company name.

("Licensor") having the following contact details:

Postal address:

Phone Number:

Mobile Number:

Email Address:

Contact name:

By ticking the box below, you acknowledge that you have read and understood, and you agree to be bound by, all of the terms and conditions of the Master Rights Agreement.

MASTER RIGHTS AGREEMENT ACCEPTED for

by:

Full name of director or authorised representative

ACCEPTANCE

PLEASE COMPLETE ALL OF SECTION 1 BEFORE PROCEEDING TO SECTION 2.

2. INDEPENDENT SHAREHOLDER

I confirm and agree I wish to be an Independent Shareholder of Recorded Music NZ and will comply with the provisions of the Constitution.

SHAREHOLDING ACCEPTED for

by:

Full name of director or authorised representative or tick box if details are the same as in Section 1 above:

ACCEPTANCE

OFFICE USE ONLY

ACCEPTED by RECORDED MUSIC NEW ZEALAND LIMITED by:

ACCEPTANCE