

Visual creators' registration form – Extended Collective Licensing and Artists Resale Right

Section I – Information about you

Name: _____

Date of birth: _____

Address: _____

Country: _____

Email: _____

Citizenship: _____

Section II – Work categories

Please tick the work categories of visual arts in which you are active as a visual creator:

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Fine art | <input type="checkbox"/> Graphic design | <input type="checkbox"/> Drawing | <input type="checkbox"/> Artistic handcraft |
| <input type="checkbox"/> Illustration | <input type="checkbox"/> Art photography | <input type="checkbox"/> Photography (other) | <input type="checkbox"/> Other |

If you chose 'Other' please indicate: _____

Section III - Affiliation

Please indicate if you are already member of or registered with another visual copyright management organization.

- Yes Name of organization: _____
IPI number (if you have one): _____
(Please contact your organization for information about your IPI number)
- No

If you chose 'Yes', please skip ahead to section VI.

- I am registering for Extended Collective Licensing and Artists Resale Rights only
- I am registering for Extended Collective Licensing, Artists Resale Rights and Exclusive Rights Management

Section IV – Type of rights management

- I am registering for Extended Collective Licensing and Artists Resale Rights only

- I am registering for Extended Collective Licensing, Artists Resale Rights and Exclusive Rights Management

Section V – Bank information

Please provide details about your bank account where you would like to receive remuneration:

Name of bank: _____

Account number: _____

SWIFT: _____

IBAN: _____

Account holder name: _____

Please contact your bank for more information on SWIFT and IBAN as well as other information on how to receive bank transfers from abroad. Any transaction fees and/or commission charged to the account holder by the receiving bank is borne solely by you.

Section VI - Comments

Comments:

Section VII – Signature

(Date)

(Signature)

Please return this form by secure mail to mail@visda.dk or to our office address:
VISDA, Bryggervangen 8, 2100 Copenhagen, Denmark