



**Phonographic Performance (Ire) Ltd ("PPI")**  
MEMBERSHIP APPLICATION FORM

**PLEASE COMPLETE ALL SECTIONS LISTED ON PAGES 1 - 3.**

TYPE OF ORGANISATION \_\_\_\_\_  
*(Company, Partnership or Sole Trader )*

ORGANISATION NAME *(in full)*: \_\_\_\_\_

TRADING NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEL: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

CONTACT NAME FOR PPI MATTERS: \_\_\_\_\_

NAME OF DIRECTOR(S): \_\_\_\_\_  
*(If a Company, otherwise name(s) of Owners)*  
\_\_\_\_\_  
\_\_\_\_\_

REGISTRATION NUMBER: \_\_\_\_\_

REGISTERED OFFICE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF INCORPORATION: \_\_\_\_\_

DATE TRADING COMMENCED: \_\_\_\_\_

VAT REG NO: \_\_\_\_\_

CHEQUE DETAILS: \_\_\_\_\_  
*(payee name for cheque payments)*

(Cont../)

DO YOU PRODUCE MUSIC VIDEOS?

Yes \_

No \_

STATE ALL LABELS IN RESPECT OF WHICH YOUR COMPANY/ORGANISATION IS THE OWNER/EXCLUSIVE LICENSEE (For the Republic of Ireland)

PLEASE ATTACH SEPARATE SHEET IF NECESSARY

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

STATE ALL LABELS IN RESPECT OF WHICH YOUR COMPANY/ORGANISATION IS **NOT** THE OWNER/EXCLUSIVE LICENSEE BUT CURRENTLY COLLECTS DISTRIBUTIONS (For the Republic of Ireland).

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

DO YOU RELEASE COMPILATION ALBUMS? IF YES, PLEASE STATE THE LABELS

\_\_\_\_\_

\_\_\_\_\_

YOUR ELIGIBILITY FOR MEMBERSHIP DEPENDS ON

1. HAVING ONE ALBUM OR FIVE SINGLES ON GENERAL RELEASE.

PLEASE CONFIRM THAT YOU DO

YES \_\_\_\_\_

2. YOU BEING IN A POSITION TO ASSIGN TO PPI CERTAIN RIGHTS IN YOUR RECORDING

3. ARE YOU IN A POSITION TO ASSIGN TO PPI ALL THE PERFORMING RIGHTS\* IN YOUR RECORDINGS PRESENT AND FUTURE FOR THE REPUBLIC OF IRELAND?

YES\_\_\_\_ NO\_\_\_\_

4. IF YES, PLEASE INDICATE HOW YOUR LEGAL TITLES TO THESE RIGHTS ARISES. ARE YOU

a) THE ORIGINAL RECORD COMPANY WHICH PRODUCED THE RECORDING?

YES\_\_\_\_ NO\_\_\_\_

OR

b) THE EXCLUSIVE LICENSEE OF THE ORIGINAL RECORD COMPANY THAT PRODUCED THE SOUND RECORDING?

YES\_\_\_\_ NO\_\_\_\_

OR

c) THE ASSIGNEE OF THE ORIGINAL RECORD COMPANY THAT PRODUCED THE SOUND RECORDING?

YES\_\_\_\_ NO\_\_\_\_

OR

d) IF NONE OF THE ABOVE APPLIES TO YOU, PLEASE EXPLAIN HOW YOUR RIGHT TO COLLECT PAYMENTS FOR THE PERFORMING RIGHTS FOR THE REPUBLIC OF IRELAND ARISES

\_\_\_\_\_

\_\_\_\_\_

\*The PERFORMING RIGHT is the exclusive right or the sole right to: i) play the recording in public; ii) broadcast the recording; iii) include the recording in a cable service; in the Republic of Ireland

CURRENT PRODUCT - *Please enclose the following with your application:-*

a) CURRENT LIST/CATALOGUE FOR SINGLES/ ALBUMS/MUSIC VIDEOS/DVDS,  
INCLUDING FULL DETAILS (i.e. Artist, Tracks (Album), Label and Catalogue Number)

*and*

b) SAMPLE OF CD/CASSETTE/VIDEOS/DVDS CURRENTLY AVAILABLE

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**DECLARATION:**

I/We hereby apply to be admitted as a Member of PPI upon and subject to the Memorandum and Articles of Association of PPI by which I/We agree to become bound on election.

If admitted to Membership, I/We further undertake, on election and from time to time thereafter, if and when requested by the Directors in writing so to do, to assign to PPI in the form prescribed by PPI, the performing right in my/our sound recordings and/or music videos for the Republic of Ireland.

I/We further undertake to supply PPI with the following information at regular intervals:

1. full and accurate details of all new recordings issued (to include tracks (album), artist, label, and catalogue number).
2. full and accurate details of names and addresses of all recording artists named on our recordings.
3. details of any addition to or deletion from the labels to which we are entitled to receive public performance and broadcasting revenue from the Republic of Ireland immediately after the addition or deletion occurs.
4. expiry dates of licensing agreements.
5. changes to trading name, business address or registered office address.

DATED THIS \_\_\_\_\_ DAY \_\_\_\_\_ 200\_\_\_\_

SIGNED: \_\_\_\_\_

POSITION: \_\_\_\_\_

(this form should be signed either by the sole trader/ a partner or an officer of the company -  
Director/Company Secretary)

PLEASE RETURN THIS FORM TO :

PPI  
PPI HOUSE  
1 CORRIG AVENUE  
DUN LAOGHAIRE  
CO. DUBLIN  
IRELAND

TEL: 01 280 5977  
FAX: 01 280 6579  
EMAIL: info@ppiltd.com  
WEB: www.ppiltd.com

IF YOU HAVE ANY QUERIES PLEASE DO NOT HESITATE TO CONTACT  
MEMBERSHIP SERVICES

TEL: 00 353 1 280 5977