

Sena number:

(to be filled in by Sena)

Registered by Sena dated:

The undersigned, granting power, being, as is evident from the attached certificate of inheritance, the sole heirs of:

(please complete in block letters)

Name

Surname:

First name(s) in full:

Pseudonym(s) / Stage name:

Date of birth:

Place of birth:

Deceased on:

herewith appoint as (his, her, their) authorized representative:

Name

Surname:

First name(s) in full:

Pseudonym(s)

Date of birth:

Place of birth:

Nationality:

m / f

Address

Street/P.O. Box:

City/Code:

Country:

to act towards Sena on their behalf, to take care of their interests, to receive payment and to give acquittance. On behalf of the undersigned, the authorized representative thus appointed is entitled to dispose of the neighbouring rights of the testator, to which the undersigned are entitled, and in their behalf enter into the obligations ensuing from Sena's exploitation-agreement.

Place and date:

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Name and signature:

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(Please make a copy of this mandate for your own files)

(If necessary to be continued on a separate sheet)

(Should any data change, please apply for an 'alteration form mandate' with Sena)