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אקו"ם
שומרים על זכויות היוצרים
ACUM

TO: MEMBERSHIP DEPARTMENT
FAX: 03-6122629

Power of Attorney

I

Surname, first name	ID/Passport number	Date of Birth
	(Please fill 9 digits)	(dd/mm/yy)

Hereby, authorize the following person:

Surname, first name	ID/Passport number

address: (contact address)	Postal code

Place / country	Telephone	E-mail

to act as an agent on my behalf and to represent me in relation to receipt of all information from ACUM regarding my works and the royalties due to me, inter alia, by way of the online access to ACUM's website given to me due to my membership in ACUM.
For the avoidance of doubt, it is clarified that the agent will not be entitled to give notice on any change in my bank account details to which my royalties from ACUM are transferred.

Also, the agent will not be entitled to receive royalties or any monies owed or to be owed to me from ACUM.
Moreover, this power of Attorney does not grant the agent the power to declare on new works created by me on my behalf.

In witness whereof I have signed:

Date: _____ Signature: _____

I, the undersigned, _____, Notary Public, hereby confirm that on _____, _____, 2013, Mr. _____, holder of ID _____, which personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument, personally appeared before me and acknowledged to me that he executed the same in his capacity.

Signature: _____ Stamp: _____