

## COPYRIGHT SOCIETY OF BOTSWANA

Unit 1, Plot 93 Gaborone International Commerce Park, Gaborone, Private Bag BO 75, Bontleng, Gaborone, Botswana  
(a non-profit company incorporated under the companies 'Act of Botswana)

### APPLICATION FOR MEMBERSHIP

#### INSTRUCTIONS

1. PLEASE COMPLETE FORM IN BLACK INK
2. TO ENSURE ELIGIBILITY PLEASE USE BLOCK LETTERS  
(Filling in this form does not guarantee you membership with COSBOTS)

#### **Section 1. APPLICANTS DETAILS**

Surname: _____	First names _____
Pseudonym/Stage Name _____	IPI Name Number _____ IPI Base Number _____
Date of Birth _____	Place/country of Birth _____ Nationality _____
Language _____	National ID/Passport No _____ Sex _____
Profession _____	Marital Status _____ Spouse _____
Country of residence _____	

#### **Section 2. ADDRESSES:**

Home: _____	Postal Address: _____
Tel (Bus): _____	Mobile: _____ Fax _____
Tel (Home): _____	E-Mail: _____
Website: _____	

#### **Section 3. RIGHT HOLDER ROLES: (Tick where appropriate)**

<b>Music:</b>						
<input type="checkbox"/> Composer	<input type="checkbox"/> Author	<input type="checkbox"/> Arranger/Adaptor	<input type="checkbox"/> Publisher	<input type="checkbox"/> Performer	<input type="checkbox"/> Producer	Other: _____
<b>Non Music:</b>						
<input type="checkbox"/> Film/video:	<input type="checkbox"/> Literature:	<input type="checkbox"/> Graphic/photograph:	<input type="checkbox"/> Visual Arts:	<input type="checkbox"/> Drama/Performing Arts	Other: _____	

#### **Section 4. OTHER SOCIETIES**

Are you a member of any other collecting society? Y/N _____ If Yes please give details: _____
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#### **Section 5. BANKING DETAILS** (Important: COSBOTS will pay royalties you earn directly into your bank account / mobile money wallet)

Name of COSBOTS member _____
Payment method _____ Account Name: _____
Bank Name: _____ Branch Code _____
Account No: _____ Branch _____
Signature of Account Holder _____ Signature of COSBOTS member(if different from holder) _____

I declare that the information given is true and correct, and that I am authorized to sign in my personal capacity. Should any of the above information change at any time, COSBOTS will be notified immediately to avoid any delays in payments, or payment into an incorrect bank account. In addition, I agree and accept that, in the event of the above information being incorrect, COSBOTS will not be held responsible for any delays and/or loss.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

(Form must be signed by parent/guardian if artist is under 18 years of age)

#### **Section 6. MANAGED RIGHTS (Membership)**

Copyright or Neighbouring Rights):

Entry/Admission date: \_\_\_\_\_ Exit date: \_\_\_\_\_ Membership status (Position) \_\_\_\_\_

Region or City (Residence) \_\_\_\_\_ Circle of Occupation \_\_\_\_\_

Category of work \_\_\_\_\_ Rights transferred to COSBOTS \_\_\_\_\_

	Sound Recordings	Musical Works	Audio Visuals	Literary	Visual arts
Broadcasting					
Public Performance					
Communication To The Public					
Reproduction Rights					

Territories \_\_\_\_\_ File \_\_\_\_\_

## Section 8. NEXT OF KIN INFORMATION

NEXT OF KIN NAME AND SURNAME \_\_\_\_\_

ID/Passport no. \_\_\_\_\_ Relationship \_\_\_\_\_

Addresses \_\_\_\_\_

Contacts: \_\_\_\_\_ Date \_\_\_\_\_

## Section 9. Inheritance / Beneficiary Information

Date \_\_\_\_\_ Successor/ Representative \_\_\_\_\_

Address \_\_\_\_\_

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Tel No: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby apply to be admitted as a member of COSBOTS and declare that the above information is true to the best of my knowledge and that COSBOTS shall not be held accountable in case of any false information provided by myself. I understand that my membership is subject to the membership rules of COSBOTS, the COSBOTS Constitution and the Copyright and Neighbouring Rights Act, therefore my rights, obligations and liabilities as a member shall be governed by the above mentioned statutes, in Botswana.

## Section 10. Signature

Name(s): \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(Form must be signed by parent/guardian if artist is under 18 years of age)

FOR OFFICIAL USE ONLY					
Registration No. ....			Effective date of admission.....		
Date of Approval of permanent membership by Board .....					
CHECKLIST					
Date Received:		Date Processed:		SUBMISSIONS (tick)	
Received by:		Processed by:		a.Deed of Assignemnt	
Checked by/ Date		Membership No:		b.Work Declaration form	
				c.Passport Photos	
				d.Contracts/Agreements	
				e. Certified ID/ Passport Photo	