

Light Zone Productions

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Artiste Registration Form - Agency Representation

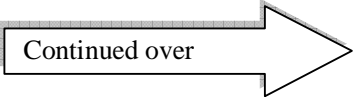
Please complete this form (Block Capitals please) and return it as soon as possible

Act Details

Name of Act: Type of Act:
Style: Number of Artistes:
Lineup: Vocals/Harmonies:
Readers?: Yes No Able to Back Cabaret?: Yes No
Demo available?: Yes No If Yes, Formats available: CD MiniDisc Tape MP3 Other
Video available?: Yes No CD-ROM available?: Yes No
Minimum Fee Required: Gross Nett Travel Radius: miles.
Is the Act VAT Registered?: Yes No If Yes, state VAT Number:
Does the act hold Public Liability Insurance?: Yes No
If Yes: Amount of Indemnity: £ Million Expiry Date: Insurer:
(Please attach a copy of the Certificate of Insurance)
Has the act been known by any other Names?: Yes No If Yes please list:
Has any Member of the Act any outstanding Criminal Convictions (other than those that have become spent under the Rehabilitation of Offenders Act 1984)? Yes No If Yes, please attach details on a separate sheet.
Description of Act if not Musical:
Special Comments/Requirements:

Contact Details

Contact Name: Former Names (if applicable):
Address:
..... Postcode:
Day Telephone: Evening Telephone:
Mobile: Fax:
Email: Website:

Continued over 

Sex: Male Female Date of Birth: Nationality:

National Insurance Number: Passport Number:

If a Company, please list the names of Directors: (1) (2)

Please give a name to which any Cheques should be made Payable:

If you wish to be able to received payments by BACS or direct Transfer, please give your Bank Details:

Account Name:

Bank: Sort Code: Account No:

Branch Address:

.....

Declaration:

This is an important and legally binding document. Sign it only if you wish to be bound by it. If you do not sign it, we are prevented by law from representing you since we will be unable to place your details on our computer system, Website or create promotional material in order to get work.

As the authorised representative of the Act named above I hereby apply for Registration with Light Zone Productions on a Non Exclusive Agency Representation basis. I give permission for the Agency to maintain my/our personal and business details in any Data Retrieval system (electronic or otherwise) and to distribute by any means necessary such of those details as may be necessary for the purposes of promoting and/or obtaining work for the Act or for meeting the requirements of any relevant Legislation. The Agency may indicate that they represent the Act in any and all promotional materials and advertising they deem necessary in order to promote the services of the Act.

I acknowledge receipt of a copy of the Terms of Business of the Agency, and agree that the Act will adhere to those terms and to those contained in any contract issued in relation to any and all work arising out of our relationship. I understand that if the Act should wish to cease being represented by the Agency I can give a minimum of 30 days notice in writing. I understand that the Act will be required to honour any and all contracts negotiated and accepted prior to the expiry of such written notice. I undertake to ensure that any ongoing commissions or other financial remuneration due is paid to the Agency promptly and in accordance with their Terms of Business.

I understand that the members of the Act are jointly and severally liable for any obligations arising out of this commitment.

I declare that to the best of my knowledge and belief the information given above is true and complete.

Signed: Name: Date:
(Authorised Signatory Only)

For Office Use Only

Checked By: On: At:

ToB Supplied: Date Accepted:

Source: Recommendation: Yellow Pages: Internet:

Advertisement: Other: