

GEMA
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POWER OF ATTORNEY

GRANTING OF A POWER OF ATTORNEY IN MATTERS RELATING TO GEMA

1. PARTY GRANTING THE POWER OF ATTORNEY

Surname / First name	
Date of birth	Membership Number
Street / No	Postal Code / Town
Email	Daytime Telephone No.

2. PARTY RECEIVING THE POWER OF ATTORNEY

Please enclose a copy of the identity card or passport if the authorised agent is a natural person.

Surname / First name		Date of birth
GEMA-Member <input type="checkbox"/> Yes <input type="checkbox"/> No	Membership Number	
Street / No	Postal Code / Town	
Email	Daytime Telephone No.	

I herewith grant the authority to represent me in matters relating to GEMA, Gesellschaft für musikalische Aufführungs- und mechanische Vervielfältigungsrechte.

The power of attorney entitles the authorised representative [Attorney], notably:

- To receive and action all incoming correspondence from GEMA (e.g. notifying works, receive accounting documents from GEMA)
- To receive a termination of the deed of assignment by GEMA
- To authorise licenses

The power of attorney does not include the right:

- To terminate the deed of assignment (e.g. by cancellation or termination by mutual agreement) or to vary the deed of assignment (e.g. to change the rights management scope)
- To receive payments from GEMA. Payment instructions to third parties are submitted to GEMA by using the bank detail form www.gema.de/bankverbindung
- The authorised party [Attorney] does not have the right to appoint any third party to act as substitute attorney for the authorised party. This power of attorney ends with the death of the authorising party and/or the authorised party. This power of attorney may be revoked at any time in writing.

For any and all purposes, I herewith revoke any existing powers of attorney for correspondence in matters relating to GEMA.

Any and all future correspondence and accounting documents like enquiries, statements of account, individual statements, work statements, publications and invitations should be send:

to my address (party granting the power of attorney and GEMA member) or to the address of the party receiving the power of attorney.

Place / Date	Place / Date
Signature of the party granting the power of attorney	Signature of the party receiving the power of attorney