



CANADIAN MUSICAL REPRODUCTION RIGHTS AGENCY LTD.

## Advice of Canadian Release

Please use this form to provide information regarding the recordings you wish CMRRA to license on your behalf. Fields marked \* are **mandatory**. All other fields are optional and should be completed where applicable. Areas in grey are for CMRRA office use only. **NOTE: The use of this form is not mandatory – you are at liberty to provide CMRRA with this information in a different format.** If you choose to use this form, please complete a separate form for each song /recording. If you have any questions about this form, please refer to the enclosed instructions or call CMRRA's Membership Services Department.

### A. Publisher Information

*Name:		PUB #
Contact Person:		
*Address:	Email:	
	*Phone:	
*City:	Fax:	
*Province/State:		
*Country:	*Postal Code/ZIP:	

### B. Musical Work

*Song Title:		PUB #
a.k.a.:		
*Composer(s):		
Arranger(s):		
*Publisher Name and Share:	%	PUB #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### C. Recording

*Record Company Name:		PUB #
Contact Person:		
*Address:	Email:	
	*Phone:	
*City:	Fax:	
*Province/State:		
*Country:	*Postal Code/ZIP:	
*Artist:		
____ Vocal Version    ____ Instrumental Version    ____ Used in a Medley		
*Album Title:		
Release Date:	Running Time: ____ Min. ____ Sec.	
Contrivance: _____ Catalogue No. : _____		
CD ____ Digital ____ _____		
Other: _____		

### D. PUBLISHER SIGNATURE

*Signed: _____	*Date: _____
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