

Power of Attorney

With this Power of Attorney (POA) I assign the administration of my membership to the Representative. The POA is effective immediately upon signing.

Performer	Representative
Name:	Name:
Address:	Address:
Phone:	Phone:
E-mail:	E-mail:
Gramex-no.:	
performer. The POA grants the Representative fall data related to my registrations, plays, paym Gramex on my behalf by phone, e-mail, mail or payments and any other information relating to	e with the Performer Registration Form, signed by the full access to change my membership information, access to ents from Gramex etc. The Representative may contact personally and receive information about my balance, my membership. Access to the Gramex members' login or prevent me from
Terms	
·	and any information received from the Representative as of be held liable for any loss caused by the Representative's
	by the Performer at any time without any notice. The cannot transfer the rights or obligations derived from the
I acknowledge that it is my sole responsibility to	terminate the POA if necessary.
obligated to process the termination without ur	ne POA is to be sent to international@gramex.dk. Gramex is ndue delay, no later than a week after having received urn notify the Representative of the termination.
Date:	Date:
Signature of Performer	Signature of Representative

Return to Gramex. Remember to sign.