		on (city)
Name and last name		
)) (
		!
Address		÷
		3
•	Letter of authority	
		· · · · · ·
I do hereby authorize th	e Polish Musical Performing Art	sists' Society SAWP to submit t
	performances of music and lyrics	· · · · · · · · · · · · · · · · · · ·
STOART for the purpose	e of settling all the remuneration of	due to be paid to me, and to colle
the amounts settled in fav	our of my person.	7 k
		· •
In 20, on (year)	the basis of trust assignment, I ent	trusted collective management of
the rights in my artistic p SAWP,	erformances to the Polish Musical	l Performing Artists' Society
		· ·
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Signature

We hereby inform, that the above authorization refers to all artistic performances reported to SAWP's files within 6 months following signing of this authorization. No performances reported after this term shall be submitted by SAWP to Z.A.W. STOART.

Stowarzyszenie SAWP

Managing Director (SAWP)

Date, Signature