TRANSFER OF RIGHTS REQUEST

AGENCE POUR LA PROTECTION DES PROGRAMMES

Form to be **returned to the Legal Department of the APP with the supporting documents** requested **to the following address:**
Agence pour la Protection des Programmes
25 rue de la Plaine- 75020 PARIS

APPLICANT'S IDENTITY

Title ☐ Mr ☐ Mrs

First name _____ Surname _____

Telephone _____ Email adress _____

Company name _____

Registration number (ex: SIREN _____

The applicant represents : ☐ the transferor ☐ the transferee

TRANSFEROR'S IDENTITY (APP MEMBER)

Identity _____

Membership number __ . __ . _____ Registration number (ex: SIREN) (IF RELEVANT) _____

TRANSFEREE'S IDENTITY

Identity _____

Membership number (IF RELEVANT) __ . __ . _____ Registration number (ex: SIREN) (IF RELEVANT) _____

TRANSFER CONTEXT (ex : MERGER, CHANGE OF LEGAL ENTITY WITH CHANGE OF REGISTATION NUMBER , TRANSFER OF INTELLECTUAL PROPERTY RIGHTS, etc.)

Your request cannot be processed if it does not include one or more documents justifying this transfer (ex: copy of the minutes of the general meeting, extract from a newspaper of legal notices, copy of the transfer of rights contract, etc.).

WORK(S), OBJECT OF THE TRANSFER

Name of the work _____

IDDN number __ . __ . ___ . ___ . ___