



ADMINISTRATION AV LITTERÄRA
RÄTTIGHETER I SVERIGE



Name of the deceased author	
First name	Surname
General information	
First name	Surname
Address	Postal code and city
Country	Phone
E-mail	Date of birth

Account information
<input type="checkbox"/> IBAN
<input type="checkbox"/> SWIFT

Signature	
By signing this form I confirm the correctness of the above given information and understand that ALIS will have to electronically store this information in their own database. (Read more at http://alis.org)	
Date & place	Signature