

TRANSFER

hereby transfer	
(Name or company name)	
all of my coming copyright remunerations collected by Copyswede,	
(Name or company name)	
(Name of company name)	
Address	
VAT-number(Company Registration/VAT Number)	
(Company Registration/VAT Number)	
Bankname:	
Account number (Plusgiro/Bankgiro/Account no.)	
For a non-Swedish account fill in IBAN & SWIFT-number	
Sole proprietorships must report their account (regardless of bank) to: www.swedbank.se/k	contoregister.
f no account details have been provided, payment will be made via payment notice.	
Phone numbere-mail	
hereby agree that Copyswede uses self-invoicing in connection with payments to my compatibat Copyswede sends out an invoice letter instead of my company billing Copyswede. The indeemed to be approved if I do not object to it within two weeks of receiving it.	
Date	
Signature and social security number	

Form is sent to: fordelning@copyswede.se, or by post to Copyswede, Alströmergatan 12, 112 47 Stockholm, Sweden.