

CREDITS FORM

The Australian Screen Directors Authorship Collecting Society Ltd

Please fill out the details for any titles you have a directors credit for below (see over the pg if you have more credits to add). We will use this information to register your titles with our international and domestic collection partners and help us identify any income that might be due to you.

Name:							
Address:							
Home Phone:		Mobile Phone:	Mobile Phone:				
Email:							
Signature:	Date:						
Title of Program:							
Alternate Title/s Title	of Program:						
Category:							
○ Television Series ○ Documentary/Factual Series ○ Online Series ○ TV Mini-Series							
Feature Film	Short Film	OTV Film	Other:				
Genre /Type:							
O Drama	○ Nature	○ Comedy	○ Action				
OThriller	○ <i>Romance</i>	Animation	Other:				
Year of Production:		Year of Releas	se:				
Production Company	·:	Country of Production:					
Producer:		Writer:					
Running Time:	Season Num	ber:	Episode Number:				
Episode Title:							
Are you the sole Dire	ctor?:	o No					
Name of Co-Director/s (if applicable):							
O I have retained Australian retransmission rights for this title; please register the work for							
domestic retransmission royalties on my behalf with Screenrights.							
O I am a member of the Directors Guild of America (DGA) and this title was made under a DGA							
contract; please do not register this work for international or domestic royalties on my behalf.							

Title of Program:						
Alternate Title/s Title	of Program:					
Category:						
Television Series	O Documentary/Factual Series Online Series OTV Mini-Series					
Feature Film	Short Film	$\bigcirc TV$	Film	Other:		
Genre /Type:						
O Drama	○ <i>Nature</i>	○ Co	medy	○ Act	tion	
OThriller	Romance	○An	imation	Other:		
Year of Production:	Year of Release:					
Production Company:	1	Cour	Country of Production:			
Producer:	Writer:					
Running Time:	Seasor	Season Number: Episode Number:				
Episode Title:						
Are you the sole Direct	ctor?:	O Yes	○No			
Name of Co-Director/s	s (if applicable):					
odmestic retransmiss I am a member of the contract; please do no	he Directors Gui	ld of America	ı (DGA) a	nd this title wa		
Title of Program:						
Alternate Title/s Title	of Program:					
Category:						
Television Series	Online Series TV Mini-Series					
Feature Film	Short Film	$\bigcirc TV$	Film	Other:		
Genre /Type:						
O Drama	○ Nature		medy	OAct		
OThriller	Romance	○An	imation	Oth	ner:	
Year of Production:	'ear of Production:			Year of Release:		
Production Company:			Country of Production:			
Producer:		Write	Writer:			
Running Time:	Seasor	Number:		Episode Nur	nber:	
Episode Title:						
Are you the sole Direc	ctor?:	O Yes	○No			
Name of Co-Director/s	s (if applicable):					
I have retained Audomestic retransmiss I am a member of the	ion royalties on he Directors Guil	my behalf wi	th Screer ı (DGA) a	nrights. nd this title wa		