



### Client approval to self-billing

**Client Payee Ref (if known):**

**Client Name:**

**Payee Name:**

**Trading Name if difference from above:**

**VAT Details:**

**Name:**

**VAT Registration Number:**

**Address:**

PLEASE NOTE: If you deregister for VAT or the VAT registration above is no longer applicable you must advise Universal Music Publishing immediately.

Acceptance of Self-Billing System:

1. I / We confirm that the above details are correct.
2. I / We have the necessary authority to amend the above details and these details as amended above are correct
3. I / We confirm that I / We agree to be covered by the Self-Billing system as detailed in the enclosed Notification of Commissioners' Conditions

Signed \_\_\_\_\_  
Printed Name \_\_\_\_\_  
On behalf of \_\_\_\_\_  
Date \_\_\_\_\_

If you have any questions regarding the above please do not hesitate to contact the royalties team on the email address listed below.

[Custservpubuk@umusic.com](mailto:Custservpubuk@umusic.com)