

BMI[®] Publisher Administration

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USE THIS FORM WHEN NOTIFYING BMI OF A **PARTIAL CATALOG** ADMINISTRATION AGREEMENT. PLEASE ATTACH A SCHEDULE (LIST) OF WORKS IF THE AGREEMENT INCLUDES MORE THAN FOUR WORKS.

This is to advise BMI that we have entered into an agreement with another BMI publisher for the administration of the following work(s) previously registered with BMI on our behalf, and that BMI's records should be marked to reflect the agreement as follows:

1. **TITLE(S):** _____

2. **NAME OF BMI PUBLISHER ACTING AS OUR ADMINISTRATOR:**

3. **EFFECTIVE DATE OF AGREEMENT**
- Immediately (i.e. effective with the first calendar quarter as of which BMI can change its records.)
 - Effective with performances on and after **(circle one)** January 1, April 1, July 1, or October 1, **20**____
(Must be as of the beginning of a calendar quarter.)
 - This Agreement is a Co-Publishing/Administration Agreement **(attach schedule)**
 - This Agreement is an Administration Agreement Only.

4. **TERRITORY (Check One):**
- | | |
|--|---|
| <input type="checkbox"/> United States | <input type="checkbox"/> United States and Canada |
| <input type="checkbox"/> World | <input type="checkbox"/> Other _____ |

5. Checks for all BMI royalties earned by the work(s) in the territory indicated should be made payable to the administrator and should be sent together with statements and all other correspondence regarding the work(s) to the administrator at its address on BMI's records.

We understand that BMI cannot mark its records at this time so as to indicate the termination date of the administration agreement and that, therefore, the above information will continue to be reflected on BMI's records until such time as we or the administrator notifies BMI that the administration agreement is about to terminate and advises how the work(s) should be credited thereafter. **Changes will be made to the accounts specified based on the information contained on this form.**

Very truly yours,

(Publisher for whom work[s] presently registered)

By _____
(Form must be signed by Owner/Partner or Officer of Corp.)

Please print name of person signing form

Title _____

Date _____