



APPLICATION FOR UNCLAIMED USE FEES

No Known Address ("NKA") Fees

ACTRA

No person will have a claim to the funds transferred to the General Account in accordance with sub-paragraph 3) after the expiry of the five (5) year period, unless that person can demonstrate to the satisfaction of the Society that 1) reasonable steps were not taken by the Society to locate the said person and/or 2) there are or were extenuating or compassionate circumstances which justify the payment of the funds to that person. – Excerpt from ACTRA Constitution (Article 10)

NAME OF PERFORMER:	
ACTRA MEMBERSHIP NUMBER:	 <small>If you are NOT and ACTRA member, this claim MUST be accompanied by <u>two</u> pieces of identification (SIN (required), Valid Driver's License or I.D. which gives your current mailing address)</small>
CURRENT ADDRESS:	
CURRENT TELEPHONE :	() _____
E-MAIL:	_____
SOCIAL INSURANCE NUMBER:	
NAME OF PRODUCTION(S) FOR WHICH USE FEES WERE UNCLAIMED: (if more than two (2) please append)	1. 2.
NAME OF APPLICANT IF DIFFERENT FROM PERFORMER:	 <small>By signing below I confirm that all information contained on this form is true and accurate</small>
RELATIONSHIP TO PERFORMER: (If applicant is <u>not</u> the performer, please attach proof of right to obtain these funds on behalf of performer.)	

MUST BE COMPLETED BY ALL APPLICANTS REQUESTING PAYMENT:
REASONS FOR REQUEST OF NKA CLAIM TO ACTRA Performers' Rights Society
(attach any additional supporting documentation which will assist in facilitating your request):

Additional pages attached – please indicate total number of pages submitted

By signing below I confirm that all information contained on this form is true and accurate.

Signature of Performer/Applicant

Date

Alliance of Canadian Cinema, Television and Radio Artists

ACTRA Performers' Rights Society (PRS)
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Affiliated with the Canadian Labour Congress (CLC)
and the International Federation of Actors (FIA)
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