

ASFA Copyright Permission Form

Please send this completed form back to ASFA Marketing team on the email below.

Email: marketing@superannuation.asn.au

Contact Details **required information, requests cannot be completed without it.*

Organisation Name: *

First Name: *

Surname: *

Job title: *

Email address: *

Direct contact number: *

Mailing address:

Declaration

I have requested permission to share the following ASFA video content:

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Purpose of publication:

Intended location(s) of publication (URL and/or media platform):

Estimated publication date:

Duration of publication:

Audience for publication:

I understand that the video remains copyrighted to the Association of Superannuation Funds of Australia Ltd (ASFA). I understand that permission is granted for use in the location/s listed on this form ONLY and that a separate copyright request form must be completed and permission granted separately for any other publication of the material.

In using this material I agree to the following:

1. That I/we will publish the video material in its entirety and will not edit any part of it.
2. That unless otherwise agreed with ASFA, I/we will remove the video material from publication no later than 3 months after the publication date.
3. That I/we will acknowledge or credit ASFA with its full name (Association of Superannuation Funds of Australia Ltd) in the publication, at EACH point where ASFA material is referenced.
4. That I/we will not misrepresent ASFA's material, nor attribute positions that they do not hold
5. That in publishing the material I/we will not disparage ASFA or their goods, or services, or the industries to which they belong.
6. That I/we acknowledge that, by allowing the above materials to be used by me/us, ASFA does not and have not transferred any right, title or interest in and to the intellectual property rights subsisting in the materials and that ASFA retains all rights, title and interest in and to any such intellectual property rights.
7. That I/we will not use the materials except to the extent communicated to ASFA for its prior approval and then approved in writing by ASFA.

I understand that failure to comply may result in ASFA seeking to exercise their rights. I warrant that I am authorised on behalf of the company/business specified above to make this undertaking.

Signature:*

Date:*

Approvals – ASFA to complete

Permission granted/permission not granted

Organisation

Contact

Video(s)

Publication date

Removal date (where relevant)

Publication URL/platform

Approval granted by:

Signature: