

CANADIAN PRIVATE COPYING COLLECTIVE SOCIETE CANADIENNE DE PERCEPTION DE LA COPIE PRIVEE

56 Wellesley Street West, Suite 320 Toronto, Ontario M5S 2S3 Phone 416 486 6832 • Toll Free 1 800 892 7235 • Fax 416 486 3064

Manufacturer/Importi	er/Zero-Rating l	DISTRIBUTOR I	Please mark corrections or changes directly onto this form.
Name:			
Proprietor (if applicable	le):		
Also operating as:			
Jurisdiction of incorp	oration (if applical	ole):	
Principal business ad	dress:		
Contact name:		Title:	Email:
Phone:	Ext.	Fax:	Website:
Contact and address	for notice (if differ	ent):	·

2015 Period Report				
Please i	ndicate [✓]			
[]	January 1- February 28			
[]	March 1 to April 30			
[]	May 1 to June 30			
[]	July 1 to August 31			
[]	September 1 to October 31			
[]	November 1 to December 31			
Zero-rating				
[]	AUTHORIZED TO MAKE ZERO-			
	RATED SALES			
	(TO BE COMPLETED BY CPCC)			
[]	Have you submitted your			
	Manufacturer/Importer			
	report?			
[]	Have you submitted your			
	Special Distributor report?			

DISPOSITIONS

Media	Brand Name	Exports	(1) Total Leviable Units	(2) LEVY \$	PAYABLE [1 x 2]
CD-R 100 MB or more				0.29	
CD-RW 100 MB or more				0.29	
CD-R Audio				0.29	
CD-RW Audio				0.29	
Total Pavable (nauments not subject to taxes)					

^{*} No levy is payable where the manufacturer or importer of a blank audio recording medium sells or otherwise disposes of it to a society, association or corporation that represents persons with a perceptual disability.

On behalf of the manufacturer/importer/distributor, I certify that the information in this report is true and accur.	ATE.
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Name:	SIGNATURE:	Date:

^{**}Reports and payments are due no later than the last day of the next month following the end of the reporting period. Late payments are subject to interest.