Cast & Crew
CANADA

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Burnaby, British Columbia
Canada V5G 1H1
Tel: (604) 437-6363
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START SLIP

WorkSafeBC (if applicable) EXEMPT: _____ or CLEARANCE#: _____

PRODUCTION COMPANY	PROJECT TITLE	START DATE

EMPLOYEE INFORMATION

EMPLOYEE NAME		S.I.N.	DATE OF BIRTH MM/DD/YYYY
MAILING ADDRESS		EMAIL ADDRESS	
CITY	PROVINCE	POSTAL CODE	PRIMARY PHONE #
EMERGENCY CONTACT	RELATIONSHIP		EMERGENCY CONTACT PHONE #

GENDER (VOLUNTARY)
☐ MALE/MAN ☐ FEMALE/WOMAN ☐ NON-BINARY ☐ PREFER NOT TO ANSWER/UNKNOWN

Providing this information is voluntary.Your responses will be governed by our Privacy Policy and may be used as required under the Pay Transparency Act of British Columbia.

CORPORATION INFORMATION (if applicable)

CORPORATION NAME	CORP I.D.	GST #/HST # (IF REGISTERED)	QST #
CORPORATION ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)			
CITY	PROVINCE	POSTAL CODE	CORPORATION PHONE #

CORPORATION INDEMNIFICATION STATEMENT:

I hereby certify that my services are rendered on a contractual basis under the trade name listed above.

I, therefore, request you remit my contract fees without deducting any Income Taxes, Canada Pension or Employment Insurance. In the event that the Canada Revenue Agency (CRA) rules my contract unacceptable and deems me to be an employee subject to statutory deductions. I personally guarantee immediate and full payment to Cast & Crew Entertainment Services Inc. of all amounts due being the deductions required together with any fines, penalties, interest, and other related expenses which may result from this request. I hereby waive any right of protest or defense against Cast & Crew Entertainment Services Inc., and will remit the full amount to Cast & Crew Entertainment Services Inc. within seven (7) business days of delivery to the above address or such substitution thereof as provided to you from time to time, of a demand for payment of monies due supported by notices of assessment or other evidence of monies due supported by notices of assessment or other evidence of monies owing and of expense relating to this request.

I understand that by providing my signature below, as an authorized representative of the above listed corporation, I agree to the statement above and below and that these statements shall be used for the protection of Cast & Crew Entertainment Services Inc. and any relevant production entities to which I am rendering services.

UNION AFFILIATION

UNION	LOCAL	MEMBER STATUS ☐ MEMBER ☐ PERMITEE ☐ NON-UNION
JOB TITLE/UNION CATEGORY		SCREEN CREDIT (AT PRODUCERS DISCRETION)

By signing this form, I authorize the employer, or its services or payroll provider, to take deductions from my earnings (regardless of payment method) to adjust previous overpayments if and when said overpayments may occur.

I, the undersigned, hereby authorize Cast & Crew Entertainment Services Inc. to DEDUCT from my weekly gross wages all required CRA payroll deductions and if applicable, any amount agreed upon under a Union contract and remit to the respective parties.

_____ _____ _____

Employee Signature **Project Manager Signature** **Date**

ACCOUNTING INFORMATION

RATE	RATE	RATE
$_____ PER HOUR	$_____ PER DAY _____ HOURS	$_____ PER WEEK _____ DAYS _____ HOURS

NON-UNION PERSONNEL, VACATION/FRINGE IS:	☐ INCLUDED IN RATE ☐ IN ADDITION TO RATE _____ %	WAGE ACCT	SERIES	LOC	SET	F1	F2	F3	F4	INS	**FRINGE ACT**

ADDITIONAL PAYMENTS

KIT $	KIT ACCT CODE	CAR $	CAR ACCT CODE	CELL $	CELL ACCT CODE
OTHER INFORMATION:					

Quebec residents: Your personal information may be collected in connection with certain services provided by Cast & Crew or its affiliated companies. A summary of your Quebec privacy rights can be found at: https://www.castandcrew.com/privacy-policy/#quebec.