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START SLIP

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

PRODUCTION COMPANY	PROJECT TITLE	START DATE
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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 # () -			

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 a normal master-servant relationship, which is subject to statutory deductions, I personally guarantee immediate and full payment to Cast & Crew Entertainment Services 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, and will remit the full amount to Cast & Crew Entertainment Services 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 and any relevant production entities to which I am rendering services.

UNION AFFILIATION

UNION	LOCAL	MEMBER STATUS <input type="checkbox"/> MEMBER <input type="checkbox"/> PERMITEE <input type="checkbox"/> NON-UNION	
JOB TITLE/UNION CATEGORY		SCREEN CREDIT (AT PRODUCER'S DISCRETION)	

By signing this form, I agree that Cast & Crew Entertainment Services may take deductions from my earnings to adjust previous overpayments if and when overpayments may occur.

I, the undersigned, hereby authorize Cast & Crew Entertainment Services 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

Production Manager Signature

Date

ACCOUNTING INFORMATION

RATE \$ _____ Per Hour	RATE \$ _____ Per Day _____ Hours	RATE \$ _____ Per Week _____ Days _____ Hours									
Non-Union Personnel, Vacation/Fringe is :	<input type="checkbox"/> Included in rate <input type="checkbox"/> In addition to rate _____ %	WAGE ACCT	SERIES	LOC	SET	F1	F2	F3	F4	INS	FRINGE ACCT

ADDITIONAL PAYMENTS

KIT \$ _____	KIT ACCT CODE	CAR \$ _____	CAR ACCT CODE	CELL \$ _____	CELL ACCT CODE
Other Information:					