Original adag S-GS-2301

FEE SLIP

Employee (Please fill in in block letters)

| | a |
|-------------------------|----------------------|
| Project Working title | PAYROLL S |
| Project no. | ph.: +49 fax: +49 |
| Pola Lactivity | CLE In the nar |

Missing information and verifications directly to synchron@adag.tv



| Instructions on completing the form at www.adag.tv Instructions on completing the fee slip: Please ask for translation sheet (www.adag.tv). | | Project no. | | | | fax: +49 | (0)30 695.798.0 (0)30 695.798.98 |
|---|-----------------------|---|---|---|---------------------|---------------------------------------|--|
| riedse dak for translation sneet (www.dudg.tv). | | Role activity | | | | In the nan | ARING CENTRE: ne and for the account e employer below. |
| Name | First name | | Birth name | | | Artist name | |
| Date of birth | | Birthplace | Birthplace | | Country of birth | | |
| Street and street number I hereby declare that I have a permanent residence a | t the above-mer | ntioned place and that I have my ow | Post coo | | City | | |
| female Non-EU citizens: I confirm that I have | | | | | | | |
| male a VALID WORK PERI will undertake to submi Otherwise, clearing and | t a COPY . | Marital status | Telephone (mobile phone number if possible) | | | | |
| non-binary will NOT be poss | | Nationality | | E-mail address (imp | ortant!) | | |
| | | | | | | | |
| National insurance number | | Health insurance (e.g. AOK c | | | | | a ia wa ay iya di |
| Children Yes (please enclose verification once) | | Legal compulsory insurar with KSK (artists' social in | | | | | |
| My regular annual remuneration for 2023 is expected to be: | | Voluntary statutory insur- (verification required) | ance | A full-time self-employed activity was established. | | | |
| O under € 66,600 Over € 66,600 | | Privately insured (proof r | equired) | ed) Preservation of the status quo 2002 over € 59,850 (private health insurance). | | | € 59,850 |
| | | Only with legal compulsory is applies to me even if I work look to No Yes (verification | ess than 1 | | ution rate (entitle | ement to sickness | benefit) |
| | Income tax attributes | | | | | | |
| Tax identification number | | I currently receive income (that is calculated according | | | | ◯ Ye | s No |
| IBAN IBAN | | 000000 | | BIC | | | |
| The activity as a dubbing actor/artist forms the temporal and economic focus of my gainful activity. | | ortant! Mandatory information | : | | | | |
| ○ Yes ○ No | subje | office ect to VAT 7% (|) 19% | Tax number 0% or no (small ent | ot subject to VAT | Fee meaning of § 19 Valu | ue Added Tax Act) |
| Child student Mini-jo | bb Employ | ree trainee | | | Civil serv | ant - pensioner | Housewife/ |
| > | | ne and address of the company | | | | | househusband |
| School leaver | | | | parental leave | | e on unpaid leave | |
| | | olment certificate, trade licence, iversity applicant Stud | | Self-emp | | Freelancer | Pensioner |
| Student (from 16 years | | her status (which?) | | | | | |
| – Т | o be fille | d in by the floor mai | nager | | ···· | · · · · · · · · · · · · · · · · · · · | ······ |
| Employment day (important!) | U | from to | o'clod | BREAK: 0 min. | 30 min. | 45 min. (| 60 min. Please tick. |
| MINIMUM WAGE ACT: Start of work / end of work / break information MANDATORY. Otherwise NO processing! | | | | | | | |
| Takes | | Daily rate | Surc | harges fo | or | G | ross wage |
| x | | ++ | | <u> </u> | | = | € |
| Number Wage / take Total ta | Sic | gnature of floor manag | ger | | plus VAT 07% 0 | 019% Onone |) () () € |
| Identity verification: | X | and at the MALID | | aranak di N | <u>.</u> | Total: | € |
| Docard Passport Non-E | :o citizen (pa: | ssport w. VALID work permit h | ıas peen I | presented.) | ••••• | | |

I certify that the information I have provided above is complete and true. I undertake to notify adag Payroll Services GmbH of any changes without delay. I have read, understood and agreed to the regulations on payroll accounting and the granting/transfer of rights printed on the reverse. I will pay the taxes for the salary received as income from self-employment. Time limit: The employment relationship is limited to the present day of employment and ends without the need for termination.





Participation

With my signature, I confirm my consent to the recording of my participation in connection with the production carried out today. This applies to all audio recordings. There is no entitlement to publication or billing. The gross salary covers all benefits and rights granted in accordance with the following assignment of rights.

Granting/transfer of rights

With my signature, I confirm the transfer of all copyrights, ancillary copyrights and other rights arising in connection with my activity for the production to the production company exclusively and without limitation as to time, place and content. The rights transferred hereby are transferable to third parties (in particular film producers and television broadcasters) without restriction. The production company or third parties in the aforementioned sense are thus entitled to unrestricted use of the production for all media and for all types of use known at present and which may become known in the future. This includes in particular the right to edit, transform and use the production and its components for all audiovisual media (in particular, but not limited to, film, theatre, television in all methods of transmission, video regardless of the technical design of the image, sound and data carrier, multimedia, all forms of online exploitation, on demand, etc.) as well as for all forms of ancillary rights exploitation (e.g. merchandising, recording media, print and publishing rights) and within the framework of advertising and clip licence agreement, in each case irrespective of the type, form and manner of transmission, exploitation or storage, as well as irrespective of the end device and the legal relationship of the end customer. Any termination or contestation of this agreement shall affect only the labour law part and shall not affect the provisions under licensing law, in particular the granting/transfer of rights in this agreement.

Confidentiality

With my signature, I am obligated to confidentiality regarding internal matters of the production and its content as well as internal matters of the production company and adag Payroll Services GmbH. Obligation of confidentiality shall continue to apply after the employment relationship has been terminated. I acknowledge that social media postings are not permitted.

Employment

Due to the nature of your work performance, employment is limited to the above mentioned employment day and ends after your work assignment without the need for termination.

Remuneration

The gross wage including agreed supplements, minus any statutory levies, will be transferred to the bank account you have specified no later than the end of the month following the assignment / working day. Incomplete or incorrectly completed fee slips or fee slips without the corresponding verification of status cannot be processed, or rather, not within the above-mentioned period. In the event of falsified or concealed information relevant to the clearing, your entitlement to remuneration shall lapse. The respective place of employment is determined as the first place of work from this contractual relationship. When clearing additional remuneration like special payments, hardship allowances, travel expenses, separately agreed expenses and/or reimbursements, these are always assigned to the first place of work and, with the exception of night, Sunday and public holiday allowances, are always settled subject to tax or social security contributions. I request that all clearing, payroll and tax documents be sent via e-mail to my e-mail address above.

Important notes

In the event of an accident at work, you are obligated to report this accident immediately to adag Payroll Services GmbH and to the employer. If the accident is not reported immediately, claims for benefits and claims arising from this occupational accident will be null and void.

Should any provision of this contract be or become invalid, this shall not affect the validity of the declaration of consent apart from that. The law of the Federal Republic of Germany shall apply.

Queries | Information | Verifications (S-GS-2301)

For queries, please contact us at: 030 69579861.

Further information is available on the Internet at www.adag.tv available.

Please send your verifications via e-mail to: synchron@adag.tv or to adag Payroll Services GmbH, Postfach 61 30 47, 10941 Berlin.