

MPLC MOVIE LICENCE BOOKING APPLICATION FORM

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Organisation Details										
Film Society/Club/Organisation:						BFFS Member YES / NO	Membership No:			
Contact Name:										
Address:										
Telephone Number:			Fax Number:			Email Address:				
Invoice Address Details										
Contact Name:										
Address:										
Telephone Number:			Fax Number:			Email Address:				
Licence Request Details										
Screening Date	Venue	Film Title	No. of Screenings	Expected Audience Size	Studio/Distributor Name	Non-Commercial, no admission charge		Commercial with admission charge*		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
I hereby request and agree to an MPLC Movie Licence, subject to the Terms and Conditions provided on line at www.mplcuk.com (sign below)										
Signature:						Date:				
Name (Mr/Mrs/Ms):					Position:					
Please return your completed form to our Freepost address (no stamp required): FREEPOST RRYS-KKRY-SLKU, Motion Picture Licensing Company, MPLC House, 4 Saffrons Road, Eastbourne BN21 1DG. Email a scanned copy to ops@mplc.com or Fax to: 01323 439354.										
Your Movie Licence and Invoice will be processed by return. Thank you for your application we hope your screening is successful.										
* Commercial Applicants must complete a returns form after each event. A second invoice will be issued if required.										
For Office Use Only:			Client No:			Licence No:			Ref:	