



MPLC MOVIE LICENCE BOOKING APPLICATION FORM

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Website: www.mplcuk.com

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Organisation Details							
Film Society/Club/Organisation:					Cinema for All 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"/>
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: FREEPOST RRY5-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.							
<i>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.</i>							
For Office Use Only:		Client No		Licence No:		Ref:	