



APPLICATION FORM

To apply for the licence, please complete the shaded areas of the application form below.

Organisation: _____

Address: _____

Postcode _____

Status: _____
 Client Reference: _____
 Date: _____

Tel: _____

Email: _____

Licence fee: _____

I hereby request and agree to an MPLC Umbrella Licence®, subject to the terms and conditions provided on line at www.mplcuk.com or upon registration.

Name: _____

Signature: _____

Job Title: _____

Date: _____

Please return your completed application form by email (applicationuk@mplc.com), fax (01323 439354) or to our Freepost address (no stamp required):

FREEPOST RRY5-KKRY-SLKU
 Motion Picture Licensing Company
 MPLC House,
 4 Saffrons Road
 Eastbourne,
 BN21 1DG

<i>For office use only:</i>	Client No: _____	Licence No: _____
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