

APPLICATION FORM

To apply for the licence, please complete the application below. If you have any further queries please contact us on: 065 6820368.

Location Name : _____ Tel: _____
Contact Name: _____ Fax: _____
Address: _____ Email: _____
_____ Web: _____

No. of Locations: _____ x € _____ + VAT per Year = € _____

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

Name: _____ Date: _____

Job Title: _____

Please return your completed application form by email (ieinfo@mplc.ie), fax (065 6823590) or to our Freepost address (no stamp required):

FREEPOST
Motion Picture Licensing Company
Suite 7
Information Age Park
Ennis
Co. Clare

We will send your licence and invoice by return. Thank you for your application.

For office use only:

Client No:

Licence No:

IE 2017