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## APPLICATION FORM

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

Centre Name : \_\_\_\_\_ Tel: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
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I hereby request and agree to an MPLC Umbrella Licence<sup>®</sup>, subject to the terms and conditions provided on line at [www.mplc.ie](http://www.mplc.ie) or upon registration.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

**FREEPOST**  
Motion Picture Licensing Company  
Suite 7  
Clare Technology 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: \_\_\_\_\_