



MPLC MOVIE LICENCE RETURNS FORM (COMMERCIAL SCREENINGS WITH ADMISSION CHARGE)

Suite 7
Clare Technology Park
Ennis, Co.Clare
Ireland

Tel:+353 (0) 6568 20368
Fax:+353(0) 6568 23590
Website: www.mplc.ie

Customer Number: _____ Licence Certificate Number: _____

Organisation Details							
Film Society/Club/Organisation:					Access Cinema 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:			
Screening Details							
Screening Date	Venue	Film Title	Studio/Distributor Name	No. of Screenings	No. of Tickets Sold	Total Admissions Income (€) (inc VAT)	

I confirm that the above screenings took place in accordance with the Terms and Conditions of an MPLC Movie Licence and that the information contained in this Returns Form for Commercial Screenings (where admission was charged) is, to the best of my knowledge and belief, true and correct. I understand MPLC has the right of audit on this information and if MPLC deems it necessary, I will provide MPLC with full rights of unhindered access to all necessary facilities and documents in which to conduct an audit.

Name: *(In Block Capitals)*: _____ **Signature:** _____ **Date:** _____

Please return your completed Returns Form to our Freepost address (no stamp required):
FREEPOST Motion Picture Licensing Company, Suite 7, Clare Technology Park, Ennis, Co.Clare EMAIL a scanned copy to ieinfo@mplc.ie or fax to 065 6823590

Please complete all fields and return to MPLC at the end of screenings (Note: All fields are mandatory)

<i>For MPLC Use Only:</i>			
Approved:		Initial:	Date: