



The Copyright Licensing Agency

Small Business Licence Application Form

Please detach, sign and return your licence application to

New Licences,
The Copyright Licensing Agency Ltd,
FREEPOST
RLZJ-XSXL-AHGA,
Saffron House
6-10 Kirby Street,
London EC1N 8TS

Fax to 020 7400 3101

Email licence@cla.co.uk

New licence enquiries
0800 085 6644

Account code (CLA only)

Full legal name of organisation _____

Address _____

Postcode _____

Please list below any subsidiary companies intended to be covered by the licence (or attach separate list) ¹ :

No. of Employees ² (please tick) 1-10 11-50 As at ³

If more than 50 total employees please use the appropriate Business Licence Application form.

Main Business Activity ⁴ _____

I certify that I have read and understood the terms and conditions of the CLA Small Business Licence and agree to abide by them. The information provided on this form is true to the best of my knowledge and belief.

I hereby apply to CLA for a licence to take effect from the first day of ⁵

The Copyright Licensing Agency Ltd

Saffron House
6-10 Kirby Street
London EC1N 8TS
Tel 020 7400 3100
Fax 020 7400 3101
Email cla@cla.co.uk
www.cla.co.uk

CBC House
24 Canning Street
Edinburgh EH3 8EG
Tel 0131 272 2711
Fax 0131 272 2811
Email clascotland@cla.co.uk

Signed _____
Duly authorised signatory for and on behalf of the applicant
Position _____
Date _____

NOTES

- 1 List all subsidiary and associated companies covered by this Licence.
 - 2 Tick the box that matches the total number of employees within the organisation.
 - 3 The date on which your employee information was provided should be entered here.
 - 4 A description of your principal business activity should be entered here.
 - 5 Licences normally run from the first day of the month. Enter the date that you want the licence to run from. You can enter a date before the current month to license copying retrospectively.
-

Please enter below details of the person who will be responsible for dealing with the CLA licence and who will act as the main contact.

Licensing Co-ordinator

Name

Position

Address

Phone Ext

Fax

E-mail

Number of photocopiers

Number of scanners