



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

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Position

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Address

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(if different from above)

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Phone

Ext

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Fax

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E-mail

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CLA processes personal information fairly and lawfully in accordance with applicable data protection and related legislation. For more information please see our [Privacy Policy](#).

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### Notes

1. List all parent and subsidiary companies covered by this Licence. Please refer to the Licence Terms and Conditions for a definition of Affiliated Company.
2. Please indicate the type of licence required, the licence for cuttings only or the licence for cuttings and for website monitoring.
3. The date on which you wish the Licence to commence should be entered here.

























