Section 1: Organisation Details

NAME OF ORGANISATION …………………………………………………………………………………………………………
ADDRESS …………………………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………………………………………
POSTCODE ……………………………………… COUNTRY ……………………………………………………………
TEL …………………………………………………………… FAX ……………………………………………………………
VAT NO: (Subscribers from EU countries other than UK) ……………………………………………………………
NAME OF CONTACT (for invoicing and administrative purposes) ……………………………………………………………
POSITION …………………………………………………………… TEL ………………………………………
EMAIL ………………………………………………………………………………………………………………………………………

TYPE OF ORGANISATION

- Law firm ☐
- Government legal department ☐
- Barristers’ chambers ☐
- Legal department of a commercial organisation ☐
- Other (please specify) ………………………………………………………………………………………………………

NUMBER OF LAWYERS / FEE-EARNERS IN ORGANISATION

Notes:
1. UK firms, or UK offices of overseas firms, should include here lawyers in all branch offices in the UK.
2. Overseas offices of overseas firms, and overseas offices of UK firms, should make separate application.

<table>
<thead>
<tr>
<th>Band</th>
<th>Number of Lawyers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 to 10 lawyers</td>
<td>☐</td>
</tr>
<tr>
<td>2</td>
<td>11 to 25 lawyers</td>
<td>☐</td>
</tr>
<tr>
<td>3</td>
<td>26 to 50 lawyers</td>
<td>☐</td>
</tr>
<tr>
<td>4</td>
<td>51 to 100 lawyers</td>
<td>☐</td>
</tr>
<tr>
<td>5</td>
<td>101 to 200 lawyers</td>
<td>☐</td>
</tr>
<tr>
<td>6</td>
<td>201 to 300 lawyers</td>
<td>☐</td>
</tr>
<tr>
<td>7</td>
<td>301 to 400 lawyers</td>
<td>☐</td>
</tr>
<tr>
<td>8</td>
<td>401 to 500 lawyers</td>
<td>☐</td>
</tr>
<tr>
<td>9</td>
<td>501 to 600 lawyers</td>
<td>☐</td>
</tr>
<tr>
<td>10</td>
<td>601+ lawyers</td>
<td>☐</td>
</tr>
</tbody>
</table>

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DOES YOUR ORGANISATION HAVE A

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- CLA MULTINATIONAL LAW LICENSE? ☐
- NEITHER ☐

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- □ Please invoice my organisation
  (Payment Terms 30 days.)
  Purchase Order No ………………………………………………….

- □ Credit Card Payment
  (we will ring you to take payment details and then destroy these details)

Signature of cardholder …………………………………………………………………………………………….

Cardholder name (in BLOCK CAPITALS) …………………………………………………………………………….

Cardholder address details (if different from Section 1)

ADDRESS ………………………………………………………………………………………………………………….
…………………………………………………………………………………………………………………………….

POSTCODE ……………………………. COUNTRY …………………………………………………

TEL …………………………………. FAX ………………………………….

Section 4: Authorisation


Signed on behalf of the organisation…………………………………………………………. Date …………………….

Name (in BLOCK CAPITALS) ………………………………………………………………………………………………….

POSITION …………………………………………………………………………………………………………………

TEL ……………………………………….

Please sign before returning this form – Thank you

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London
WC1B 5DR