

PLEASE TYPE OR USE BLOCK CAPITALS

**Section 1: Organisation Details**

<b>NAME OF ORGANISATION</b> .....					
ADDRESS .....					
.....					
POSTCODE .....		COUNTRY .....			
TEL .....		FAX .....			
VAT NO: (Subscribers from EU countries <b>other</b> than UK) .....					
NAME OF CONTACT (for invoicing and administrative purposes) .....					
POSITION .....		TEL .....			
EMAIL .....					
<b>TYPE OF ORGANISATION</b>					
Law firm <input type="checkbox"/>		Government legal department <input type="checkbox"/>			
Barristers' chambers <input type="checkbox"/>		Legal department of a commercial organisation <input type="checkbox"/>			
Other (please specify) .....					
<b>NUMBER OF LAWYERS / FEE-EARNERS IN ORGANISATION</b>					
<i>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.</i>					
Band 1	1 to 10 lawyers	<input type="checkbox"/>	Band 6	201 to 300 lawyers	<input type="checkbox"/>
Band 2	11 to 25 lawyers	<input type="checkbox"/>	Band 7	301 to 400 lawyers	<input type="checkbox"/>
Band 3	26 to 50 lawyers	<input type="checkbox"/>	Band 8	401 to 500 lawyers	<input type="checkbox"/>
Band 4	51 to 100 lawyers	<input type="checkbox"/>	Band 9	501 to 600 lawyers	<input type="checkbox"/>
Band 5	101 to 200 lawyers	<input type="checkbox"/>	Band 10	601+ lawyers	<input type="checkbox"/>

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**DOES YOUR ORGANISATION HAVE A**

CLA LAW LICENSE?       CLA MULTINATIONAL LAW LICENSE?       NEITHER

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2. For EU-based applications outside the UK, VAT registration determines the applicable Band / rate.

**Please enter annual subscription rate** £ .....

- Cheque enclosed  
Payment by sterling cheque, drawn on a UK bank, should be made to "University of London"
- 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**

Members agree to abide by the Conditions of Service details of which are available at <http://ials.sas.ac.uk/library/library-services/document-delivery/document-delivery-service-subscribing-practitioners-0>

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

Name (in BLOCK CAPITALS) .....

POSITION .....

TEL .....

Please sign before returning this form – *Thank you*