

PLEASE TYPE OR USE BLOCK CAPITALS

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 <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)			
NUMBER OF LAWYERS / FEE-EARNERS IN ORGANISATION			
<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"/>

Section 2: Copyright Information

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DOES YOUR ORGANISATION HAVE A

CLA LAW LICENSE? CLA MULTINATIONAL LAW LICENSE? NEITHER

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Section 3: Payment information

A schedule of current subscription rates is available to view at: <http://ials.sas.ac.uk/library/library-services/document-delivery/document-delivery-service-subscribing-practitioners-1>

1. For UK-based applications the location of the registered Head Office determines the applicable Band / rate.
2. For EU-based applications outside the UK, VAT registration determines the applicable Band / rate.

Please enter annual subscription rate £

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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>

Members agree for the personal details on this form to be stored on a database whilst the data is needed for library administration, to operate the automated entry system and to collect anonymised admission statistics. You can access further information regarding data protection policies on the University of London website.

Special offer applications for membership are subject to the official Terms and Conditions available on our website at <http://ials.sas.ac.uk/library/library-services/document-delivery/document-delivery-service-subscribing-practitioners-2-0>

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

Name (in BLOCK CAPITALS)

POSITION

TEL

Please sign before returning this form – Thank you

Library Administrative Officer
ds.ials@sas.ac.uk
Institute of Advanced Legal Studies
Charles Clore House
17 Russell Square
London
WC1B 5DR