

Phonographic Performance Limited - Copyright Licence: Amendment Form

Account Number	
Invoice number	
School Name	
Postcode	
Your Name	
Position	
Your Telephone No:	

Number of Full Time Equivalent (FTE) pupils at 1 st April. NB All organisations with fewer than 200 FTE pupils will be invoiced as though they had 200 (PPL minimum fee). No further reductions are available.	
---	--

On receipt of this fax we will cancel your invoice in full and issue a new invoice to reflect the details entered above.

I declare that the above information is correct to the best of my knowledge and request CEFM to make the necessary adjustments in the manner indicated above.

Signed: _____

Print Name: _____

Position: _____

Date: _____

When completed please return this form to:

ppl@cefm.co.uk

or

PPL Licensing Department
CEFM Ltd
Red Lion House
9-10 High Street
High Wycombe
HP11 2AZ

or

Fax to: 01494 751429