

PRS for Music Copyright Licence Amendment Form

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

Number of Full Time Equivalent (FTE) pupils from your latest census. NB All organisations with fewer than 200 FTE pupils will be invoiced as though they had 200 (PRS for Music minimum fee). No further reductions are available.	
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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: _____

Please return this form to CEFM by either:

Facsimile to: 01494 751423

Or

**Post to: PRS for Music Colleges Licensing Office
CEFM**

**Red Lion House
9-10 High Street
High Wycombe
Buckinghamshire
HP11 2AZ**