



Affiliate Transfer of License Application

Please complete this form if you are requesting a license transfer for an ICDD licensed product to an affiliate. An Affiliate is another entity where at least 50.1% of its voting power is owned or controlled by the transferring entity or where as least 50.1% of the transferring entity's voting power is owned or controlled by the transferee. In the specific case of academic institutions, an affiliate may also be a staff/faculty member of the registered entity.

If you are the current licensee of the product (the person transferring), please complete Part I. If you are the transferee of the product (the person to whom the license is being transferred), please complete Part II.

Part I: Current Licensee's Information

I am the current licensee of the licensed product identified below. I am transferring all right and interest in and to the license I possess with respect to the product (including the right to use any prior versions or upgrades) to a new licensee, identified below. I will not retain any copy of the licensed product(s), including any prior versions or upgrades. Upon ICDD's application approval, the licensed product(s) will be uninstalled and removed from all computers. The new licensee has agreed to be bound by the terms of the product's End User License Agreement.

I understand that by signing and submitting this Transfer of License, I am relinquishing all rights to the product and my name will be removed in connection with this product. If this transfer is being completed on behalf of a company or other organization, I represent and warrant that I have the authority to sign this transfer on behalf of the current registered licensee.

Product Information

Product Name(s) and Release Number(s)

Product Serial Number(s)

Current Registered Licensee

Name and Title (please print)

Company Name

E-mail Address

Street

City

State/Province

Country

Zip/Postal Code

()

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Phone

Fax

Signature and Date

Part II: Transferee's Information

I, the undersigned, confirm that I meet the requirements to be considered for an Affiliate License Transfer. Upon ICDD's application approval, I will submit Part III of this application acknowledging receipt of the product(s). By signing, I confirm that I have read the ICDD Product License(s) included with the database/software package(s) being transferred and that I agree to be bound by its terms and conditions.

Name and Title (please print)

Company Name

E-mail Address

Street

City

State/Province

Country

Zip/Postal Code

()

()

Phone

Fax

Signature and Date

Part III: Product Receipt Confirmation (completed after ICDD approval)

I, the undersigned, acknowledge receipt of this database/software and documentation. By signing, I confirm that I have read the ICDD Product License(s) included with the database/software package(s) being transferred and that I agree to be bound by its terms and conditions.

Name and Title (please print)

Company Name

Signature and Date

Please mail or fax this form to:

International Centre for Diffraction Data
Attention: Marketing Department
12 Campus Boulevard
Newtown Square, PA 19073
P: 610.325.9814
F: 610.325.9823
info@icdd.com
www.icdd.com