

**Instructions for Completion:**

**Organisations** requesting a licence must complete Part 1.  
Users from that organisation requiring access to the CABLE code repository need to individually complete Part 2.

**Individuals** can apply for their own licence by completing Part 2 only, provided that they can warrant the use of their Improvements as stated in clause 6.3 of the licence.

**Part 1 – Organisation to complete:**

Name of Licensee organisation:

ABN:

Name of contact: Dr Sally Archibald  
(Title) (First name) (Last name)

E-mail: sarchibald@csir.co.za

Telephone number: +27 12 841 3487

Postal Address for notices: CSIR NRE, PO Box 395, Pretoria, 0001

**By submitting this signed Form, the Licensee represents that:**

- i) it has read and accepted the current Software Licence Terms for CABLE located at <http://www.cawcr.gov.au/projects/access/cable/index.php> and
- ii) its Permitted Users are those users who have completed Part 2 of this Form and anyone else to whom the Licensee and/or the Licensee contact has granted CABLE access pursuant to the Software Licence Terms.



.....  
*Signed by an authorised representative  
for the Licensee*

.....Dr. Bob Scholes.....  
*Name and title*

.....  
*Witness*

.....  
*Name*

.....23 May 2014.....  
*Date*

**Part 2 – User to complete:**


Name of user: Alecia Nickless

Address: CSIR NRE, PO Box 395, Pretoria, 0001

Email: ANickless@csir.co.za

Telephone number: +27 12 841 3402

(Please note that the above details may be posted on the **list of CABLE users** page and used by CSIRO in accordance with the [Software Licence Agreement](#).)

NCI login (if you already have a NCI user account): 

Please select one of the following:

(a) ☐ I am requesting an individual CABLE licence

(b) ☒ I am requesting a User account under my Organisation's CABLE licence

If you have selected (b), please state which Organisation: CSIR, South Africa

☐ Student

☒ Employee

☐ Other (please state)

If you are a student, please provide supervisor contact information (these would not appear in the **list of users** page). Your supervisor's signature is also required to indicate that they approve your registration.

Name of supervisor:

Position in organisation:

Address:

Email:

Telephone number:

Supervisor's signature:

Date:

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From where or whom did you hear about the CABLE model?

Dr. Sally Archibald

Please provide a short description of your intended use of CABLE and anticipated intended research results (including proposed publication time frames, if any).

**We wish to use CABLE to run over South Africa and at point locations within South Africa in order to validate the model against measured variables.**

**I have read and will comply with the [Software Licence Agreement](#) and the Guidelines for users and developers of CABLE:**

Signed:



Date: 23 May 2014

Send the completed registration form via email to [cable\\_help@nf.nci.org.au](mailto:cable_help@nf.nci.org.au)