



10<sup>th</sup> Floor, Musgrave Office Towers  
115 Musgrave Road  
Durban, 4001  
TEL: 031 325 0200  
info@kwazulunatalfilm.co.za  
www.kwazulunatalfilm.co.za

Ref. No

Date of Receipt

#### FILM FUND: APPLICATION FORM – AUDIENCE DEVELOPMENT

**A. NAME OF PROJECT:**

**B. GENRE (Film Festival / Market):**

**C. COMPANY DETAILS:**

Company Name:

Registration Company Number:

Physical Business Address:

Postal Address:

Contact Name:

Home Telephone:

Cell Phone:

Fascimile:

E-mail:

**D. Non- South African Component:**

Please specify any non-South African component of the project (e.g. investors, administration team, and international screening).

**G. Ownership**

*The Applicant must be the director or a legal representative of the organisation or company seeking funding.*

**Are you aware of any claims against your control or ownership in the screening of the film?** \_\_\_\_\_

Yes | No

\_\_\_\_\_

\_\_\_\_\_

**H. Previous Submissions:**

Has the project been submitted previously? Yes

No

If yes, was the application successful? Yes

No

Please provide the amount received \_\_\_\_\_

Please list former titles of this project, if any \_\_\_\_\_

**I. Please briefly mention any other (including this one) project you are involved in and the status of the project.**

**I/We declare that the information provided herein and in the supporting documentation appended to this application is accurate.**

**SIGNATURE(S):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**CO-APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

At the time of application, together with this completed form, the applicant *must* provide *all* of the documentation listed below. Please be advised that during the evaluation of your project, the applicant may be required to provide additional documentation or information. KwaZulu Natal Film Commission reserves the right to request any document or information it deems relevant, including, but not limited to, any document or information pertinent to the eligibility of the applicant and the project.

**Documents to be submitted:**

- A completed application form
- A one-page letter of motivation for funding
- A certificate from the Film and Publication Board to screen films publicly
- A copy of the project's synopsis, not exceeding 15 lines
- A detailed marketing strategy, an analysis of the project's potential for success in the South African theatrical and secondary markets
- Detailed budget
- A marketing budget and financing structure
- A signed approval from film owner to screen their film/ production to public
- A list of films to be screened
- Company profile
- Certified copies of identity documents of applicants if more than one

**PLEASE NOTE:**

***Submit four copies of the application:***

- Attach relevant information
- **Do not fax or e-mail applications**
- Should the applicant or recipient not be contactable for 2 months at the given address or contact number from the date of receipt or grant the application or the grant will be cancelled, should there be a change of contacts the onus is on the applicant to notify KwaZulu Natal Film Commission
- No application shall be returned to the applicant
- Should the applicant become the recipient, she/he will be the signatory of the contract and/or on behalf of the company
- Proposals that do not adhere to the above criteria will be disqualified.

**ACCESS AND EQUITY**

The KwaZulu Natal Film Commission aims to provide equitable access by South Africans to its funding initiative regardless of their racial background, culture, sex, physical or intellectual disability. In order to assist in monitoring performance in this regard and comply with statutory obligations it would be greatly appreciated if you would complete the following details and include it with your application. Statistics generated from this information will be presented in aggregate and will not form part of your application.

**APPLICANT:**

Project Title: _____				
Your Name: _____				
Date: ___/___/_____		Date of Birth: ___/___/_____		
Please tick with an X in the appropriate box.				
Are you male or female?	M	<input type="checkbox"/>	F	<input checked="" type="checkbox"/>
Race?	B	<input type="checkbox"/>	W	<input checked="" type="checkbox"/>
Do you have any physical disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a South African citizen?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a South African resident?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Which Province are you from? _____				