



Tel: 031 003 9000

[kznfilmfund@kznfilm.co.za](mailto:kznfilmfund@kznfilm.co.za)

Ref. No

Date of Receipt

### **FILM FUND: APPLICATION FOR AFRIFF 2020**

**Please submit the following compulsory documents with the Markets and Festivals application form**

- A one to two page of a letter of motivation, showing the benefits for the filmmakers attending the Market or Festival
- Certified ID copy
- A summary of curriculum vitae

#### **Funding is offered to:**

- Filmmakers who will be demonstrate the benefits of attending the virtual film festival.

#### **PLEASE NOTE:**

- The KwaZulu-Natal Film Commission will provide accreditation for virtual access to the festival

Completed forms for film festival attendance support must be sent by post or email to [kznfilmfund@kznfilm.co.za](mailto:kznfilmfund@kznfilm.co.za)

**A. TITLE OF PROJECT/EVENT** \_\_\_\_\_

**B. WHERE APPLICANT IS AN INDIVIDUAL/S**

Name of Applicant:	_____
ID Number:	_____
Physical & Postal Address: (Please include Province)	_____
Home Telephone:	_____
Company Name and work telephone:	_____
Cell Phone:	_____
Fax:	_____
Email:	_____

**C. OR WHERE APPLICANT IS A COMPANY**

Company Name:	_____
Registration Company Number:	_____
Physical Business Address:	_____
Postal Address:	_____
Contact Name:	_____
Home Telephone:	_____
Work Telephone:	_____
Cell Phone:	_____
Fax:	_____
Email:	_____

**D. 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.

**WRITER**

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

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

SIGNATURE(S) \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_