

## KWAZULU-NATAL FILM COMMISSION – STAKEHOLDER REGISTRATION FORM

DELIVER/ POST TO:  
KWAZULU-NATAL FILM COMMISSION  
10<sup>th</sup> floor  
115 Musgrave Road

**ENQUIRIES:** TEL (031) 325 0200 or **Email:** [info@kwazulunatalfilm.co.za](mailto:info@kwazulunatalfilm.co.za)



• OUR KINGDOM IS YOUR STAGE •

### **KEY POINTS TO REMEMBER – COMPLETION OF THE FORM**

- 1.1. **Required Documentation** – please refer to the table on the following pages to determine the supporting documentation required by your business type. Please ensure that all documents are attached. If a field is not applicable to your business type, clearly mark it as N/A.
- 1.2. **Completion of Questions** – please clearly state Yes, No, N/A to questions asked. Do not leave any blank fields.
- 1.3. **Processing of registration** – Your **completed** registration will be processed, and once verified, will be approved and you will be issued a Stakeholders reference number to be used in all future communication.

**Please take NOTE that this administration process of capturing of registration forms will take a minimum of 21 working days.**

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Documents Required	Business Type						Institutions
	Sole Proprietor	Close Corporations	Partnerships	Public/ Private Company	Business Trust	Non-Profit Organization (NPO)	
1. Company Registration (Certified Copies)	N/A	Certificate of incorporation CK1/CK2	Duly Signed Partnership Agreement	Certificate of Incorporation CM2C & Auditors Confirmation Letter	Deed of Trust Agreement	Certificate of Incorporation Section 21	Registrar of Close Corporations & Companies
3. Certified Copy of ID	Clear copy of identity document	Clear copy of identity document	Clear copy of identity document	If applicable	If applicable	If applicable	

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**SECTION A: COMPANY INFORMATION**

The following information must be filled in by the applicant. Failure to submit **ALL** the required information may lead to non - registration of the applicant's business.

**PLEASE USE BLOCK LETTERS.**

BUSINESS PARTICULARS													
Name of Business as Registered with the Registrar of Companies													
Trading As													
Holding Company													
Registration number of Company/CC/Trust/Fund number													
PHYSICAL ADDRESS													
Building													
Street													
Town													
City													
District Municipality													
Province													
Postal code													
POSTAL ADDRESS													
Building													
*Please indicate P O Box or Private Bag Number in this field, if applicable													
Street													
Town													
City													
District Municipality													
Province													
Postal code													
Telephone Number													
Facsimile Number													
Cellular Phone Number													
E-mail Address													
Website Address	http://												
CORRESPONDENCE													
Contact Person													
Initials													
Surname													
Sex													
Please use the below provided guide to indicate your primary, secondary and tertiary method of correspondence, by indicating the numbers 1, 2, 3 in the respective blocks.													
<b>1 – Primary method of correspondence</b>													
<b>2 – Secondary method of correspondence</b>													
<b>3 – Tertiary method of correspondence</b>													
Preferred Correspondence	Post												
Preferred Language	IsiZulu												
HEAD OFFICE PHYSICAL ADDRESS (if applicable)													
Address Line 1													
Address Line 2													
City													
District Municipality													
Province													
Postal code													

**KWAZULU-NATAL FILM COMMISSION – STAKEHOLDER REGISTRATION FORM**

**PLEASE CLEARLY INDICATE THE DISTRICT MUNICIPALITY(IES) WHERE YOUR BUSINESS OPERATES**

Ilembe Municipality		Umzinyathi Municipality		Sisonke Municipality	
eThekweni Municipality		Uthukela Municipality		Zululand Municipality	
Amajuba Municipality		Uthungulu Municipality		Umkhanyakude Municipality	
Ugu Municipality		uMgungundlovu Municipality			

**PLEASE CLEARLY INDICATE THE PROVINCE WHERE YOUR BUSINESS OPERATES**

Eastern Cape		KwaZulu-Natal		North West	
Free State		Limpopo		Northern Cape	
Gauteng		Mpumalanga		Western Cape	

**PLEASE CLEARLY INDICATE YOUR CORE BUSINESS OPERATION/CLASSIFICATION.**

PROFESSION/SERVICE PROVIDED (TICK THE RELEVANT COLUMN)	TICK	YEARS OF EXPERIENCE			
		LESS THAN 1 YEAR	1-5 YRS.	5-10 YRS.	>10 YRS.
Key Creative Team					
Production Department					
Script Department					
Location Department					
Camera Department					
Sound Department					
Grip Department					
Electrical Department					
Art Department					
Hair and Make up					
Wardrobe					
Post Production					
Visual effects					
Sound Department					
Hospitality					
Other Specify:					

**PREVIOUS BUSINESS EXPERIENCE (IF APPLICABLE)**

**PLEASE PROVIDE THE DETAILS OF PRODUCTIONS YOU HAVE RECENTLY BEEN INVOLVED IN BELOW:**

**PRODUCTION 1**

Name of Production																			
Contact person	Initials				First Name														
Surname																			
Cellular Phone Number																			
E-mail Address																			

**KWAZULU-NATAL FILM COMMISSION – STAKEHOLDER REGISTRATION FORM**

Project Start Date	D	D	M	M	Y	Y	Y	Y										
Project End Date	D	D	M	M	Y	Y	Y	Y										
Was the project completed successfully?					Yes				No									
What was the contract value:																		
<b>PRODUCTION 2</b>																		
Name of Production																		
Contact person	Initials				First Name													
Surname																		
Telephone Number				+	2	7												
Cellular Phone Number				+	2	7												
E-mail Address																		
Project Start Date	D	D	M	M	Y	Y	Y	Y										
Project End Date	D	D	M	M	Y	Y	Y	Y										
Was the project completed successfully?					Yes				No									
What was the contract value:																		
<b>PRODUCTION 3</b>																		
Production																		
Contact person	Initials				First Name													
Surname																		
Telephone Number				+	2	7												
Cellular Phone Number				+	2	7												
E-mail Address																		
Project Start Date	D	D	M	M	Y	Y	Y	Y										
Project End Date	D	D	M	M	Y	Y	Y	Y										
Was the project completed successfully?					Yes				No									
What was the contract value:																		

**SECTION C: VERIFICATION OF INFORMATION**

<b>1. VERIFICATION OF INFORMATION</b>																
I/We, the undersigned, who warrants that he/she is duly authorised to do so, certifies that the information supplied in terms of this document including the annexure(s) with the additional information, is correct and accurate and acknowledges that by signature hereto																
Initials				Surname												
First name																
Signature								Date signed	D	D	M	M	Y	Y	Y	Y

**KWAZULU-NATAL FILM COMMISSION – STAKEHOLDER REGISTRATION FORM**

**FOR OFFICIAL USE**

<b>Company Name</b>																				
<b>Stakeholder reference number</b>																				
<b>Captured By</b>																				
<b>Reviewed By</b>																				

<b>DOCUMENTS ATTACHED</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Office Use</b>
Certified Company Registration Document				
An original Valid Tax Clearance Certificate				
Certified Copy of BEE Certificate				

<b>SECTIONS COMPLETED</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Office Use</b>
Section A : Company Information				
Section B: Ownership Information				
Section C: Verification of Information				

<b>I acknowledge that this form has been checked by me, and that all the required Information and Documents have been furnished.</b>																			
<b>Initials</b>					<b>Surname</b>														
<b>First name</b>																			
<b>Signature</b>																			