

CONTENT DEVELOPMENT SUPPORT PROGRAM 2020/2021 APPLICATION FORM

Name of applicant
Gender; Male Female
National Identification Number (NIN)
Physical Address
Telephone/Mobile
Email
B. PROJECT DETAILS Name of Project
Project Description/synopsis (1 page)
C. COMPANY DETAILS; (if Applicable) Company Name;
Registration No;
List of shareholders and their shareholding percentage
Physical Address;
Telephone/Mobile
Email
(Attach a copy of memorandum and articles of association or equivalent).



D. SUPPORT AREAS;

1. Choose the Genre applying for

Genre	Tick
Feature Film	
Short Film	
Documentary	
TV Drama Series	
Animation	

0-5 years	5-13 years	14-17 years	18+

Animation			
E. TARGET AUDIE	NCE		
Who is your target	_		
0-5 years	5-13 years	14-17 years	18+
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F. PROJECT SCH			
Start date;			
End date;	//		
G. SOURCES OF S	STIPPORT		
Has the project rece		other sources?	
			TICK
Yes			
No			
If (Yes), state atta	ch the details		
H. FINANCIAL INF	ORMATION		
a) Amount appli	ied for;		• • • • • • • • • • • • • • • • • • • •
b) Amount from	other sources;		
	rces of support (Fil		
Name of funder	Amount	offered	
Total			

name of funder	Amount onered
Total	

c. Total Project	Cost;
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G. APPLICATION CHECKLIST

NO	DOCUMENTS	ATTACHED(TICK)
1	A completed application form	
2	An application letter	
3	A synopsis/ script	
4	Registration document for companies or Copy of National identification number for individuals	
5	Proof of ownership of the project (e.g. copyright or affidavit)	
6	Applicant's Curriculum Vitae	
7	Cast and crew Curriculum Vitae	
8	Budget	
9	Project plan	
10	Marketing strategy	
11	Co-productions agreement or contracts (if any)	

I hereby confirm that the information provided herein is true and complete to the best of my knowledge. I consent that any deliberate misrepresentation and falsification will lead to automatic disqualification.

Signature of Applicant:		
Name:		
Date:		
For Official use:		
Signature:		
Name:		
Title:		
Date:		