



national film and video foundation
SOUTH AFRICA

87 CENTRAL STREET
HOUGHTON
2198
TEL: 011 483 0880
FAX: 011 483 0881

PRIVATE BAG X04
NORTHLANDS
2116
info@nfvf.co.za
www.nfvf.co.za

Ref. No

Date of Receipt

FILM FUND: APPLICATION FORM – DISTRIBUTION AND MARKETING

A. NAME OF PROJECT:

B. GENRE (e.g. Comedy):

C. COMPANY DETAILS:

Company Name:

Registration Company Number:

Physical Business Address:

Postal Address:

Contact Name:

Home Telephone:

Work Telephone:

Cell phone:

Facsimile:

e-mail:

D. SHOOTING FORMAT: _____

E. DISTRIBUTION FORMAT/RELEASE FORMAT: _____

F. Non South African Component:

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

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 distribution 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 application 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. NFVF 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
- Four (4) DVD copies of the production.
- A copy of the project's synopsis, not exceeding 15 lines.
- A detailed marketing strategy with sales projections, 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.
- Proof of complete and clear chain of title.
- A signed distribution agreement and any amendments to it.
- A letter from a theatrical exhibitor confirming the projected initial release date.
- A list of booked or anticipated cities, screens and dates.
- Company profile.
- Certified copies of identity documents of applicants if more than one.
- Detailed profile of applicant.

PLEASE NOTE:

-Submit four copies of the application.

-Attach relevant information;

-Do not fax or e-mail applications;

-NFVF has previously experienced problems with contacting applicants at addresses and contact numbers provided. 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 NFVF

-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 NFVF 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 form and will not form part of your application.

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 type="checkbox"/>
Race?	B	<input type="checkbox"/>	W	<input 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? _____