

in collaboration with the

Mauritius Film Development Corporation (MFDC)

APPLICATION FORM -FILM ASSISTANCE SCHEME

Address of Company (or inc	dividual):	Webs	site:
Tel: Mobile:	Fax:	Email:	
Producer's Name:			
Producer's Address:			
Геl: Mobile: _			
Production Title:			
Production Type:			
TYPE OF FILM/	DURATION	AMOUNT (RS)	TICK APPROPRIATE
DOCUMENTARY/ CLIP Clip/ Music Video	4 - 7 Minutes	25, 000	BOX
Short Film/ Documentary	13 Minutes	50,000	
	26 Minutes	,	
Short Film/ Documentary		75, 000	
Long Film	56 Minutes +	100,000	
How did you come to know Format: Period of Shooting: As from	Diffusion: n/t	No of persons in to/	n film crew:delines of Film Assistance
I/ We agree the above infor and Rules & Regulations of	film shooting in the	Republic of Mauritius (M	if De Regulations 2001)

Signature (s):

Date: ____/___



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SYNOPSIS

PRODUCTION TITLE:		 	
Synopsis should include Section 5c.		 	
synopsis should include Section 3c.			
Name of applicant(a):			
Name of applicant(s):			
Date:/	Signature (s): _	 	



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LYRICS (FOR CLIP/MUSIC VIDEO)

PRODUCTION TITLE:					
Name of applicant(s):					
rume or applicant(s).					
Date:/	Signature (s):				



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FILMOGRAPHY

PRODUCTION TITLE:			
PRODUCER'S NAME:			
	-		
		· · · · · · · · · · · · · · · · · · ·	
Name of applicant(s):			
.,			
Date:/	Signature (s):		



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LIST OF MAJOR CASTS

SN	NAME OF PRINCIPAL CASTS	ROLE
BIV		NOLL.
_		



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LIST OF TECHNICAL CREWS

SN	NAME OF PRINCIPAL CASTS	ROLE
511	TAME OF TRIVEH AL CASTS	ROLL
•	<u>, </u>	



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SHOOTING SCHEDULE

SN	PROPOSED DAY & DATE OF SHOOTING	LOCATIONS