



Eastern Cape Provincial Arts and Culture Council (ECPACC)

16 Commissioner Street, East London, 5200. PO Box 18372, Quigney, 5211.
Telephone: (043) 743 6187, Fax: (043) 742 0109, Email: info@ecpacc.co.

Film Development Fund Application Form 2019/20 Closing Date 29/11/2019

A. TITLE OF PROJECT _____

B. APPLICANT

Name of applicant :	
Postal Address	
Identity Number	
Home Telephone	
Work Telephone	
Cell Phone	
Fax Number	
E-mail	

C. COMPANY DETAILS

Company Name	
Company Registration	
Telephone	
Cell	
Fax	



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E-mail	
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COMPANY OWNERSHIP AND EMPLOYMENT PROFILE

	Gender	Race	Youth (18-35yrs)	Disabled
Permanent				
Casual				
% of Shareholders equity owned by Black (African, Indian Coloured)				

D. CATEGORY (feature/documentary/short)

Please tick accordingly

Funding Category	Inkonjane	Micro	Epic- in- Making	
			Development	Production
Type of Film	Feature	Documentary	Other (please specify)	
Total Running Time				

E. PRINCIPAL CREATIVE TEAM

	Name	Contact Number	Male	Female
Director				
Producer				
Writer				

F. PREVIOUS SUBMISIONS

Has the project been previously submitted for other funding	Yes	No
If yes, was the application successful		



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G. PLEASE BRIEFLY MENTION ANY OTHER (INCLUDING THIS ONE) PROJECT YOU ARE CURRENTLY INVOLVED IN AND THE STATUS OF THE PROJECT

I/we declare that the information provided herein and the supporting documents appended to this application are accurate.

SIGNATURE(S):

NAME.....SIGNATURE.....DATE.....

NAME.....SIGNATURE.....DATE.....

NAME.....SIGNATURE.....DATE.....