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 REPUBLIC OF CYPRUS  
 DEPUTY MINISTRY OF CULTURE

## SEE CINEMA NETWORK

SEE Cinema Network

## APPLICATION FOR FUNDING (For Development)

**TITLE OF PROJECT:**.....

**Production company:**.....

Full address:.....

Telephone:..... Fax:..... Email:.....

**Director:**..... Nationality:.....

Address:.....

Telephone:..... Fax:..... Email:.....

**Scriptwriter:**.....Nationality:.....

Address:.....

Telephone:..... Fax:..... Email:.....

If the script is based on already existing work, indicate title, author and publisher:.....

### **Co-producer (2<sup>nd</sup> country):**

Nationality:.....

Address:.....

Telephone:..... Fax:.....Email:.....

### **Financial data**

Amount of the Development budget €.....

Total amount of production budget: €.....

Share per country:

1<sup>st</sup> country: Amount: € Percentage: %

2<sup>nd</sup> country: Amount: € Percentage: %

3<sup>rd</sup> country: Amount: € Percentage: %

### **Technical information:**

Countries where film will be shot: 1. 2. 3.

Format: 35mm S-16mm HD

Date: Signature of delegate producer