##

## 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 (2nd country):**Nationality:……………………
Address:……………………………………….
Telephone:……………………… Fax:……………………Email:…………………………

**Financial data**

Amount of the Development budget €……………………………
Total amount of production budget: €……………………………
Share per country: 1st country: Amount: € Percentage: %
2nd country: Amount: € Percentage: %
3rd country: Amount: € Percentage: %

**Technical information**:
Countries where film will be shot: 1. 2. 3.

Format: □35mm □S-16mm □HD

Date: Signature of delegate producer