



INTERNATIONAL FILM FESTIVAL ASSISTANCE PROGRAM (IFFAP)  
APPLICATION FORM

**FILMMAKER'S INFORMATION**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TELEPHONE NUMBER: \_\_\_\_\_ MOBILE NUMBER: \_\_\_\_\_  
 COMPANY/ORGANIZATION: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
 COMPANY/ORGANIZATION ADDRESS: \_\_\_\_\_ NATIONAL REGISTRY ID NUMBER: \_\_\_\_\_  
 SEX: \_\_\_\_\_ MEMBER OF INDIGENOUS PEOPLE: YES  NO  PWD: YES  NO

**FILM DETAILS**

FILM TITLE: \_\_\_\_\_  
 TYPE OF FILM:  
 FEATURE FILM  
 SHORT FILM  
 DOCUMENTARY  
 OTHERS: (KINDLY SPECIFY) \_\_\_\_\_  
 SYNOPSIS:  
 \_\_\_\_\_  
 \_\_\_\_\_

**FESTIVAL DETAILS**

FILM FESTIVAL: \_\_\_\_\_  
 FESTIVAL COUNTRY: \_\_\_\_\_  
 FESTIVAL DATE: \_\_\_\_\_  
 FESTIVAL SECTION: \_\_\_\_\_  
 COMPETITION  
 SIDE COMPETITION  
 NON-COMPETITION

**NATURE OF REQUEST**

TRAVEL ASSISTANCE  
 STIPEND/PER DIEM  
 VISA ENDORSEMENT LETTER  
 OTHERS: (KINDLY SPECIFY) \_\_\_\_\_

REMARKS:  
 \_\_\_\_\_  
 \_\_\_\_\_

WILL YOU BE TRANSFERRING THE ASSISTANCE?  YES  NO

IF YES, TO WHOM?  
 NAME: \_\_\_\_\_  
 DESIGNATION: \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVEMENTIONED INFORMATION ARE TRUE AND CORRECT AS TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
 SIGNATURE ABOVE THE PROPONENT'S  
 PRINTED NAME

\_\_\_\_\_  
 DATE