## 

## 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