

FILM SHOOTING APPLICATION FORM

* Name of Production Company: _____

* Address: _____

* Country: _____ * Producer: _____

* Contact Person: _____ *Tel: _____ Mobile: _____

* Fax: _____ *Email: _____ Website: _____

Local Agent: _____ Tel: _____ Mobile: _____

* Production Title: _____

* Production Type: Animation Commercial Corporate/Industry Film

Documentary Feature Film Music Video Photographic Shoot

Song sequence TV Programme Other/Specify ✓ Tick as appropriate

How did you come to know about MFDC _____

* Description /Story line:

* Duration: _____ * Format: _____ Diffusion: _____

* Period of Shooting – As from ___/___/___ to ___/___/___

* No of persons in film crew: _____ Principal Cast: _____

* Budget: _____ US\$/Euro/MRU * Estimated expenses in Mauritius: _____ US\$/Euro/MRU

Your requests, comments, or questions:

I/ We agree the above information to be true and to comply with the rules & regulations of film shooting in the Republic of Mauritius.

* Name of applicant(s): _____

* Date: ___/___/___

* denotes mandatory fields

* Signature (s): _____