



EASTERN CAPE
DEVELOPMENT
CORPORATION



EASTERN CAPE



FILM INVESTMENT FUND

PRODUCTION & MICRO FILM FUNDING **FILM & TELEVISION PROJECTS**

APPLICATION FORM

Applicants are requested to download and read the Eastern Cape Film Investment Fund (ECFIF) Guidelines before submitting the application form. Failure to comply with the mandatory requirements stipulated in the guidelines will result to automatic disqualification.

1. PERSONAL INFORMATION OF THE APPLICANT

Name(s)										
Surname										
Date of Birth	Day		Month		Year (Type)					
Identity Number										
Race	African		White		Coloured		Indian		Other	
Gender	Male		Female							
Do you have a criminal record?	Yes		No							
Do you have a disability?	Yes		No							
Are you a South African citizen?	Yes		No							
Name of Municipality where you live										
Physical Address										
Postal Address										
City										
Contact Number										
Alternative Number										
Email Address										

2. COMPANY PROFILE (IF YOU HAVE A COMPANY)

Company Name										
Type of Company	Sole Proprietor		Partnership		PTY. Ltd		Non-Profit Company			
Others, Specify:										
Registration Number										
Sector										
Company Address										
City								Postal Code		
Telephone Number										
Fax Number										
Company Website										
Name of the Managing Director/CEO										

3. DETAILS OF THE SHORT FILM/DOCUMENTARY

Title										
Logline										
Premise										
Controlling Idea										
Synopsis (Not > 500 Words)										

Full Budget Breakdown
(300 Words)

**Comprehensive
Distribution &
Exhibition Plan**
(300 Words)

4. COMPANY MOTIVATION FOR FUNDING (Not > 250 Words)

MANDATORY REQUIREMENTS

- Budget a minimum of 50% must be already secured before applying to ECDC, proof must be submitted at application stage
- Development Schedule
- Appoint reputable Story Editor/Consultant
- Registered company (Pty. Ltd)
- Be tax compliant
- Company profile

5. SIGNATURE

(By signing this form, you confirm that the information presented or provided belongs to you, not another person)

Name and Surname of the applicant: _____

Signature: _____

Date: _____

NB: Failure to hear from ECDC within six (6) weeks after the closing date of the funding call consider your application unsuccessful.