



Apulia Film Commission Foundation

Apulia Development Film Fund

Tranche n. 20 Deadline

APPLICATION FORM

1. Production Company (in case of co-production or temporary association of companies, please fill with the leader)

Name of Production Company	
Name of Producer	
Legal Status	
Address	
City	
VAT (tax code) number	
Tel / Fax	
@	
www	
International Bank Account Number (IBAN)	

2. In case of Co-Production Companies

Name of Production Company	
Name of Producer	
Legal Status	
Address	
City	
VAT (tax code) number	

Fondazione Apulia Film Commission

Sede Legale: Cineporti di Puglia/Bari, c/o Fiera del Levante, Lungomare Starita 1, 70132 Bari, Italy

Phone +39 080 9752900 - Fax +39 080 9147464 - P. I. 06631230726

email@apuliafilmcommission.it - www.apuliafilmcommission.it

Sede Operativa: Cineporti di Puglia/Lecce, c/o Manifatture Knos, Via Vecchia Frigole 36, 73100 Lecce, Italy

Tel / Fax	
@	
www	

Name of Production Company	
Name of Producer	
Legal Status	
Address	
City	
VAT (tax code) number	
Tel / Fax	
@	
www	

3. Contact information

Name & Surname	
Position	
Office phone	
Mobile phone	
Fax	
@	
www	

4. Application category

Full lenght feature film (or feature animated film)	
TV Movies or Animated TV Movies (screening parts)	
TV Series or Animated TV Series (number of episodes)	
Web Series or Animated Web Series (number of episodes)	
Documentary / Docufiction	

5. Project

Title	
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6. Author

Author's name	
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7. Audiovisual genre

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8. Estimated development budget

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9. Estimated film budget

	€
Above the line	
Below the line	
Total	

10. Budget

Other contributions and funding applied for (A/F) or obtained (O):
(mark with an X if applied for or obtained; blank spaces will be considered as no application made)

Funding and / or grant	€	A/F	O
EU			
Government Ministry			
Production Company participation			
Other			
Total			

11. Schedule of main Apulian locations (list names of towns, villages or areas in Apulia where the story takes place).

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12. Invoicing

Please attach a copy of the bank transfer (made out to the AFC Foundation) to this application form

If an invoice is required for reimbursement of the AFC administration charge of €121, include applicant name, e-mail contact address and VAT number below:

Production data and VAT number (tax code)	
E-mail address for receipt of invoice	

Having read the AFC Foundation regulations, I hereby approve the contents and fully accept each condition under Law no. 196/2003 (protection of personal data).

Applicant's legal representative
(Signature and Stamp)

ACCEPTANCE OF TERMS OF REGULATIONS

I hereby approve, under Arts. 1341 and 1342 of the Italian Civil Code, Art. 3 (application criteria for funding) and Art. 9 (annulment of grant and place of jurisdiction) according to laws and for all legal purposes.

(Signature and Stamp)



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