



**Application for July-September 2019
Eleventh edition**

PLEASE WRITE IN BLOCK LETTERS

Personal Details of Applicant/ 1

First Name: _____

Last name: _____

Professional capacity:

(Producer, Director, other)

Address:

Note: If the film wins a trophy or certificate, this will be the mailing address, unless indicated otherwise.

E-mail: _____

Website:

Telephone: _____

Mobile: _____

Signature/s:

(This Signature/s means that the applicant has/have read the regulations and agrees to abide by them)



Malta Film Foundation

Personal Details of Applicant/ 2

First Name _____

Last name _____

Professional capacity:

(Producer, Director, other)

Address:

E-mail:

Website

Telephone: _____

Mobile: _____

Signature/s:

(This Signature/s means that the applicant has/have read the regulations and agrees to abide by them)



Malta Film Foundation

Personal Details of Distributor
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Name _____

Last name _____

Name of Company: _____

Address:

E-mail:

Website:

Telephone: _____

Mobile: _____

Signature/s:

(This Signature/s means that the applicant has/have read the regulations and agrees to abide by them)



Malta Film Foundation

Submission details

Name of film - English title: _____

Country of origin: _____

Duration : _____

Original language: _____

Format : _____

Genre/s: _____

Synopsis

Please tick where appropriate:

I would like my film to be screened in a cinema setting

I would like my film to be shown on television on TVM and online for limited time on www.tvm.com.mt

Please submit the following together with the application form:

- 1. Promotional stills**
- 2. List of credits**

This application form, together with the above requirements should be sent via email to : info@maltashortfilmfest.com or info@maltafilmfoundation.com



Malta Film Foundation

FOR OFFICE USE ONLY

Application number	
Date when application was received	
Date of transmission on TV	
Received by	

SCORES JUDGE 1	
SCORES JUDGE 2	
SCORES JUDGE 3	
SCORES JUDGE 4	
SCORES TELEVOTING	
SCORES SMS VOTING	
SCORES WEBVOTING	
TOTAL	