



IL-KUNSILL  
NAZZJONALI  
TAL-KTIEB

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*Application Form 2017*

*Malta Literary Short-Film Contest*

**Individual Applicant**

*Applicant's name and surname:* \_\_\_\_\_

*Company name(if applicable):* \_\_\_\_\_

*Address:* \_\_\_\_\_

\_\_\_\_\_

**Contact number/s:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **ID number:** \_\_\_\_\_

**Group Applicant**

*Representative's name and surname:* \_\_\_\_\_

*Company name:* \_\_\_\_\_

*Registration number:* \_\_\_\_\_

*Address:* \_\_\_\_\_

\_\_\_\_\_

**Contact number/s:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **ID number:** \_\_\_\_\_

**Contact number/s:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **ID number:** \_\_\_\_\_

**Contact number/s:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **ID number:** \_\_\_\_\_

**Working Title of Project:**

\_\_\_\_\_

**Complete Title of Adapted Literary Piece and Author:**

\_\_\_\_\_

I hereby declare that I have read the *NBC PBS Short-Film Contest* terms and conditions and that all the information submitted in this application form and project proposal is correct.

**Signature/s:** \_\_\_\_\_

----- For office use only -----

Date of receipt \_\_\_\_\_

Application number \_\_\_\_\_