



IL-KUNSILL
NAZZJONALI
TAL-KTIEB

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 _____