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Malta Literary Short-Film Contest – Application Form 2018

Individual Applicant

Applicant's name and surname:

Company name(if applicable):

Address:

.....

Contact numbers:

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 _____