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Malta Literary Short-Film Contest – Application Form 2019

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 Malta Literary 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 _____