



Animated Short Film Initiative APPLICATION FORM

PARTICULARS OF APPLICANT / COMPANY	
Name of Applicant / Contact Person	
NRIC No.	
Company's Name (if applicable)	
Designation in Company (if applicable)	
Address for Correspondence	
Contact No.	Fax
Email Address	
Category (please tick)	
[Category A] (3-15 min)	<input type="checkbox"/>
[Category B] (16 - 30 min)	<input type="checkbox"/>
PROJECT INFORMATION	
Title	
Brief Description of Project (Please attach proposal and supporting documents as requested)	
Length	min
Commencement Date	Expected Date of Completion
DECLARATION	
For Companies I DECLARE THAT: i) the company is free from any litigation pending litigation, claims, demands or actions pertaining to the proposed project;	

ii) the facts stated in this application and the accompanying information are true and correct to the best of my knowledge and that I have not withheld/distorted any material facts. I understand that if I obtain the grant by false or misleading statements, I may be prosecuted and, in addition, the Media Development Authority may, at its discretion, withdraw the grant and recover immediately from my company any amount of the grant that may have been disbursed; and

iii) I also agree to abide by the conditions of this Animated Short Film Initiative Application.

For Individuals

I DECLARE THAT:

i) I am free from any litigation, pending litigation, claims, demands or actions pertaining to the proposed project;

ii) the facts stated in this application and the accompanying information are true and correct to the best of my knowledge and that I have not withheld/distorted any material facts. I understand that if I obtain the grant by false or misleading statements, I may be prosecuted and, in addition, the Media Development Authority may, at its discretion, withdraw the grant and recover immediately from me any amount of the grant that may have been disbursed; and

iii) I also agree to abide by the conditions of this Animated Short Film Initiative Application.

Signature of Applicant / Managing Director/General Manager* (please delete where not applicable)	Date of Application
Name (In Block Letters)	Registered Company Stamp (if applicable)