

NOMADZ UNLIMITED LTD.

PO BOX 60590
TITIRANGI
WAITAKERE CITY

WEBSITE: www.nomadzunlimited.com

EMAIL: s.kothari@auckland.ac.nz 09 373 7599 ext 87324
s.pearson@auckland.ac.nz 09 373 7599 ext 88900

**NEW ZEALAND FILM COMMISSION SHORT FILM FUND APPLICATION FORM
2007**

FILM TITLE:

GENRE:

SHOOTING FORMAT:

LENGTH (approx):

LOGLINE:

LONG SYNOPSIS:

APPLICANT'S NAME OR PRODUCTION COMPANY (if applicable):

POSTAL ADDRESS:

PHONE:

MOBILE:

FAX:

EMAIL:

PRODUCER:

WRITER:

DIRECTOR:

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HAVE YOU APPLIED TO THE NEW ZEALAND FILM COMMISSION SHORT FILM FUND FOR THIS PROJECT BEFORE? YES NO

IF YOU HAVE MADE A PREVIOUS APPLICATION, PLEASE SUPPLY THE FOLLOWING INFORMATION (please note this information will not adversely affect this application).

DATE OF APPLICATION: _____

OUTCOME OF APPLICATION: e.g. shortlisted _____

CHECKLIST:

2 COPIES OF THE FOLLOWING

- COMPLETED APPLICATION FORM
- SCREENPLAY
- WRITER'S NOTES
- DIRECTOR'S NOTES
- PRODUCER'S/TEAM STATEMENT
- WRITER CV
- DIRECTOR CV
- PRODUCER CV

1 COPY:

- SUPPORTING VISUAL MATERIAL

(If you would like this material returned to you, please provide an envelope with the requisite postage attached)

FOR OFFICE USE ONLY:
Application Number:
Status:
Date: