



Application Date	
Start Date	
Company	
Project Title	

DURBAN FILM OFFICE PRODUCTION REGISTRATION FORM

**TO BE COMPLETED BY THE HEAD OF PRODUCTION AND FAXED TO
THE DURBAN FILM OFFICE – FAX: +27 31 311 4092**

Production Title	
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Local Production Company / Facilitating Production Company			
Company		Contact	
City		Province	
@			

Parent Company			
Parent Company / Studio / Agency		Contact	
Country		Province	
@			

Production Type (Please Tick)					
FEATURE	ANIMATION	COMMERCIAL		TV SERIES	STUDENT FILM
DOCUMENTARY	SHORT FILM	STILLS		MUSIC VIDEO	OTHER
FORMAT	35mm	16mm	HD	VIDEO	STILLS

Origin of Content	
Country of Origin	
Co-Production	

Estimated Production Schedule				
	From	To	Total Days	Total Days in KZN
Prep				
Shoot				
Post				

TV Projects (If Applicable)		
No. of Episodes		Original Airing Network

Animation Projects (If Applicable)			
No. of Animation Days		No. of Episodes	

Please fax a copy of this completed form to the Film Coordinator, Durban Film Office,
11th Floor, Rennie's House, 41 Margaret Mncadi Avenue, P.O. Box 5856, Durban, South Africa
Tel: 27 31 3114243 | Fax: 27 31 311 4092
email: filmdurban@durban.gov.za
web: www.durbanfilmoffice.com



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DURBAN FILM OFFICE PRODUCTION REGISTRATION FORM CONTINUED

Locations		
<input type="checkbox"/> DURBAN & SURROUNDS	<input type="checkbox"/> KZN MIDLANDS & DRAKENSBERG	<input type="checkbox"/> KZN NORTH COAST
<input type="checkbox"/> NORTHERN KZN	<input type="checkbox"/> KZN SOUTH COAST	<input type="checkbox"/> OTHER
If other, kindly specify sought after location type:		

Crew Information			
Executive Producer			
Producer			
Line Producer		Contact	
Production Manager		Contact	
Location Manager		Contact	
Director			
D.O.P.			
Production Designer			
Special Effects Coordinator		Contact	
Casting			
Publicist		Contact	
Total Crew			
Total KZN Crew			
Total International Crew			

Kindly provide a copy of your crew list.

Estimated Budget Expenditure (Please Indicate Currency)	
USA / CANADIAN / EURO / OTHER, SPECIFY	
TOTAL ESTIMATED BUDGET OVERALL	
TOTAL ESTIMATED BUDGET SPEND IN KZN	

Form completed by: _____ **Signature:** _____
on behalf of (Production Company): _____ **Date:** _____

FOR OFFICE USE ONLY:						
Approved	Yes	No	By		Date	DD/MM/YYYY
No. of Officers Provided						
Notes						

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