

*To nurture, support and promote
Singapore talent in film-making, the
production of Singapore films, and
a film industry in Singapore.*



**SFC SCRIPT DEVELOPMENT PROGRAMME
APPLICATION FORM (AS OF JUNE 2010)**

Please ensure that all relevant categories of information have been filled in. If inapplicable, please insert 'NA'

Particulars of Applicant	
Name of Applicant	
Identification Card (NRIC) No.	
Occupation	
Designation	
Name of Company / Organisation / Institution (if applicable)	
Mailing Address	
Contact Telephone No	(O) (HP)
Email Address	
Particulars of Film	
Title of Film (indicate if working title)	
Genre of Film	
Status of Script (draft number, etc)	
Logline	
Script Consultant(s), if any	
Particulars of Application	
Amount Applied For	
Date Submitted	
Projects Previously Supported under SFC	

Declaration

Please check against the following documents which you have enclosed in your application:
(Items marked * must be provided)

- | | |
|--|--------------------------|
| A. CV/Resume of applicant* (3 copies) | <input type="checkbox"/> |
| B. Log-line* (3 copies) | <input type="checkbox"/> |
| C. 3 to 10-page story outline* (3 copies) | <input type="checkbox"/> |
| D. 15 to 20-page treatment* (3 copies) | <input type="checkbox"/> |
| E. Character bibles of main characters* (3 copies) | <input type="checkbox"/> |
| F. First draft of script, if any | <input type="checkbox"/> |
| G. Portfolio samples of writing* | <input type="checkbox"/> |
| H. Letters of recommendation, if any | <input type="checkbox"/> |
| I. Relevant research materials/references, if any | <input type="checkbox"/> |
| J. Other relevant supporting documents, if any | <input type="checkbox"/> |
| K. Statement of objective in pursuing the project* | <input type="checkbox"/> |

I certify that the information given above and in the attached Annexes are to the best of my knowledge, true, complete, and updated.

I agree to abide by the rules and conditions governing the application for this funding initiative.

Name: _____

NRIC No: _____

Signature: _____ Date: _____

RECEIPT OF APPLICATION FORM (To be completed by SFC)

Name of Applicant: _____

Project Title: _____

Address: _____

Received by: _____ Date: _____

* Please note that the standard processing time for the application is at least 4 weeks.