

IDEAS Application Form

Animation Development

Company Data	
Company's Name	
Address	
Contact Person (Mr/Mrs/Ms) <i>(Please delete where not applicable)</i>	
Designation	
Contact Number	Fax
Project Details	
Title of Project	
Brief Description of Project <i>(Please attach proposal and supporting documents as requested)</i>	
Commencement Date	
Expected Date of Completion	
Declaration	
I DECLARE THAT :	
<ul style="list-style-type: none"> i) the company is free from any litigation 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 IDEAS Application. 	
Signature of Managing Director/General Manager <i>(Please delete where not applicable)</i>	Date of Application
Name (In block letters)	Registered Company Stamp

Time taken to complete this application form - mins.