



1. FILM INFORMATION

a) Name of the Film (Original Language)	
b) Name of the Film in English	
c) Country of Production (Please list the names of the countries)	
d) Date of Release	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
e) Year of Production	
f) Language (s) of Film	

NOTE: - ALL FILMS MUST HAVE ENGLISH SUBTITLES.

g) Film Category (Mark <input checked="" type="checkbox"/> in the Box)	Feature <input type="checkbox"/> Short <input type="checkbox"/> Master <input type="checkbox"/>
h) Duration of the Film	Hours <input type="text"/> Minutes <input type="text"/> Sec <input type="text"/>
i) At the SAARC Film Festival, it will be its: (Mark <input checked="" type="checkbox"/> in the Box)	World Première <input type="checkbox"/> Festival Première <input type="checkbox"/> South Asian <input type="checkbox"/>
j) Date and place of the first public screening	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
	Place <input type="text"/>
k) Festivals where the film has been screened	
l) Awards & Achievements	
m) Film Website (s)	
n) Names of the following Cast and Crew	Producer
	Main Actor
	Main Actress
	Screenplay Writer
	Cinematographer
	Editor
	Sound Designer
Music Composer	

2. DIRECTOR'S INFORMATION.

a) Name of the Director (s)	
b) Debut Film (Mark <input checked="" type="checkbox"/> in the Box)	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Residential Details	Address Line 1
	Address Line 2
	City
	Zip/Postal Code
	Country
d) Contact Details	Landline
	Mobile
	E-mail
	Fax



3. CONTACT DETAILS FOR TECHNICAL ASSISTANCE (For DCPs).

a) Name of Contact (s)		
b) Company Name		
c) Address	Address Line 1	
	Address Line 2	
	City	
	Zip/Postal Code	
	Country	
d) Contact Details	Landline	
	Mobile	
	E-mail	
	Fax	
e) Web		

4. ADDRESS FOR DCP RETURN.

Name of Contact (s)		
Company Name		
Address	Address Line 1	
	Address Line 2	
	City	
	Zip/Postal Code	
	Country	
Contact Details	Landline	
	Mobile	
	E-mail	
	Fax	
Web		
Requested Date of Return	Day <input type="text"/>	Month <input type="text"/> Year <input type="text"/>

NOTE: -PLEASE INFORM THE SAARC CC IN CASE OF ANY CHANGES TO THE DETAILS ABOVE AS SOON AS POSSIBLE TO THE SENDER, RETURNING/FORWARDING ADDRESS AND ALSO THE DESIRED DATE OF RETURN.

5. TECHNICAL SPECIFICATIONS.

a) Running Time	Hours <input type="text"/>	Minutes <input type="text"/>	Sec <input type="text"/>
b) Shooting format	2K <input type="text"/>	4K <input type="text"/>	35mm <input type="text"/>
	Other <input type="text"/>		
c) Type of Film (Mark <input checked="" type="checkbox"/> in the Box)	Colour <input type="text"/>	Black & White <input type="text"/>	Both <input type="text"/>
d) Exhibition Format (Mark <input checked="" type="checkbox"/> in the Box)	DCP in 2K (D Cinema) <input type="text"/>	DCP in 4k (D Cinema) <input type="text"/>	Data Format <input type="text"/> Blu Ray <input type="text"/>

6. PLEASE INCLUDE THE FOLLOWING SUPPORTING DOCUMENTS TO REACH THE SAARC CULTURAL CENTRE NO LATER THAN THE 26TH OF APRIL 2018

Check List ((Mark <input checked="" type="checkbox"/> in the Box)	150-word synopsis of EACH film submitted for the Festival	<input type="checkbox"/>
	3 High resolution (300 dpi) images from each film	<input type="checkbox"/>
	1 Profile picture of the Director (300 dpi)	<input type="checkbox"/>
	Biography of the Director	<input type="checkbox"/>
	Film trailers, clip reels, posters, post cards if available	<input type="checkbox"/>
	Film Reviews - to be sent in together with the names of the nominated films	<input type="checkbox"/>



7. SUBMISSION OF THE FILMS

Please send the films and relevant material to:

Dr. (Ms.) Soumya Manjunath Chavan
Culture Specialist - Programmes
SAARC Cultural Centre,
224, Baudhaloka Mawatha,
Colombo 7,
Sri Lanka
Tel: +94-11-2584452, Mobile: +94 (0) 763553004
Email: programme@saarcculture.org

Mr. Mahinda Sumanasekara
Documentation Officer
SAARC Cultural Centre
224, Baudhaloka Mawatha
Colombo - 07,
Sri Lanka.
Tel: +94-11- 2584461, Mobile: +94 (0) 771053008
Email: documentation@saarcculture.org

7. DECLARATION

I undertake that I am legally authorised to enter this film in the SAARC Film Festival 2018. I also have read the Rules and the Regulations of the SAARC Film Festival and I agree to abide by them.

NAME

DATE

SIGNATURE

For Administration Use only