



FILM CULTURAL EXCHANGE PROGRAM (FCEP)  
APPLICATION FORM

**CONTACT INFORMATION**

EMBASSY/DIPLOMATIC CULTURAL INSTITUTION: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**FESTIVAL/EVENT DETAILS**

FESTIVAL/EVENT NAME: \_\_\_\_\_  
FESTIVAL/EVENT DATES: \_\_\_\_\_  
FESTIVAL/EVENT VENUE: \_\_\_\_\_  
SCREENINGS:

FILM NAME	NUMBER OF SCREENINGS
_____	_____
_____	_____
_____	_____
_____	_____

(PLEASE USE ANOTHER SHEET FOR MORE TITLES)

**NATURE OF REQUEST**

- FDCP RATINGS AND PERMITS
- OPTICAL MEDIA BOARD (OMB) CERTIFICATE
- CINEMATHEQUE VENUES
  - FOR SCREENING
  - FOR WORKSHOPS/TALKS

LOCATION:

- KALAW, MANILA
- ILOILO
- DAVAO
- NABUNTURAN
- OTHERS: (KINDLY SPECIFY) \_\_\_\_\_

REMARKS:  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVEMENTIONED INFORMATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE ABOVE THE AUTHORIZED PERSON'S  
PRINTED NAME

\_\_\_\_\_  
DATE