

TITLE DISTRIBUTION FORM

TITLE OF MOVIE Original Title

FILM LANGUAGE Original Language of Film:

Subtitles:

SYNOPSIS

DIRECTOR (S) Name:

PRODUCER (S) OF FILM Name:

SCREENPLAY (S) Name:

STORY OR ADDAPTION IF ANY Name:

CAST (S) Name:

CHARACTER

MUSIC DESIGN (S) Name:

CINEMATOGRAPHY (S) Name:

PRODUCTION COMPANY Name: _____

TYPE OF FILM

Documentary Short film Feature film Music Video Episodic

GENRE OF MOVIE

Action Adventure Drama Romance Comedy Non-Fiction
 Thriller Horror Mystery Animation Fantasy Epic
 LGBTQ Sports History

DURATION OF MOVIE

SHOOTING FORMAT

16mm 35mm 4K DVCAM/MINI DV HD (High Definition)
 Other _____

YEAR AND COUNTRY OF PRODUCTION Year of Production: _____

Country / Countries of Origin: _____

FESTIVALS Festivals in which this film has already participated: _____

Prize(s) (if any) won at these festivals: _____

ATTACHED DOCUMENT (S) (MUSIC OR ANY THIRD PARTY) File Name:

ATTACHED CONTENT (S) (MOVIE/TRAILER AND POSTER) File Name:

Permanent address for correspondence:

Telephone and Mobile number:

Email:

Title Distribution Fees Details:

Fees Submit To The Chairman Account

Account Holder Name: RUP KUMAR PATRA

Account Number: 4103101004703

Branch: JHARGRAM

Bank Name: CANARA BANK

Ifsc Code: CNRB0004103

DD NUMBER AMOUNT BANK NAME Or Online Transaction Id
