FILM & VIDEO SUBMISSION FORM

Film & Video Labelling Body Inc.
Level 3, 16 College Hill, Ponsonby
PO Box 2627, Auckland,1140
Ph:09-361 3882 Fax:09-360 3448

……

Number of Labels/Certificates Required: ……

TITLE INFORMATION

TITLE: **…….....**
…….....
…….....

☐ Feature ☐ Short Film ☐ Trailer

Translated Title/AKA/Subtitle: ……

Director: …… **Year of Production: ……**
Country Of Origin: …… **Language: ……**
Running Time:……
Tick the following media as applicable:
Film: 35mm ☐ **Blu Ray** ☐
DVD: ☐ Zone Number……. **Other** ☐ Specify ……. ……
For Theatrical ☐ For Labelling Body Viewing Panel ☐

If a DVD, does it contain Easter Eggs? ☐ If so, please complete Easter Egg Declaration form and attach

Release Date: ___/___/___ **Number Of Trailers/Extra Footage Included**: ……..

Title Of Trailer/Extra Footage	**Running Time**	**Rating** (*Office Use Only*)
……	……	……..
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The label issued under this application & related Statutory Declaration (if applicable) applies only to identical copies

APPLICANT INFORMATION

Applicant: …… **Phone: ……..**
Name Of Contact: …….. **Fax: ……..**
Address: …….. **Email: ……..**
…….. **Application Date: ……**
…….. ***Please Advise By Ticking Requirement:***
Your Purchase Order # …… ***Courier Return*** ☐ ***or Pick Up*** ☐

For Office Use Only:
Film Poster Approved: ……..

Rating:……

Slick Approved: ……

Date: ___/___/___

Approved:……..