

AUTHORITY TO COMPETE

Please print, sign, and scan all relevant sections of this form.

Project Title: _____

APPLICANT (ACADEMY MEMBER)

By printing and signing this form, I _____ declare that:

- I have read and understand the conditions set out in the MPA APSA Academy Film Fund Rules and Regulations;
- I acknowledge and agree that I am entering into a binding agreement with Asia Pacific Screen Academy Pty Ltd (ACN 642 301 022) 40 Ure Street, Hendra Queensland 4011, Australia on the terms and conditions set out in the MPA APSA Academy Film Fund Rules and Regulations and this Submission Form;
- All individuals named or referred to in this form have been notified of the information submitted in the application.
- All the information provided in this form is true and accurate.
- I represent and warrant that I have the legal capacity to enter into a binding agreement with APSA.

Signature: _____ **Date (DD/MM/YY):** / /

AUTHOR: Synopsis, Treatment/Outline

By printing and signing this form, I _____ declare that:

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- I acknowledge and agree that I am entering into a binding agreement with Asia Pacific Screen Academy Pty Ltd (ACN 642 301 022) 40 Ure Street, Hendra Queensland 4011, Australia on the terms and conditions set out in the MPA APSA Academy Film Fund Rules and Regulations and this Submission Form;
- I am the author/creator of the treatment/outline and synopsis submitted with this application;
- I approve the submission of the project referred to in this Submission Form for consideration in the MPA APSA Academy Film Fund.

Signature: _____ **Date (DD/MM/YY):** / /

Project Title: _____

SCREENWRITERS (not applicable for Documentaries)

By printing and signing this form, I

Screenwriter 1: _____ **declare that:**

Screenwriter 2: _____ (if applicable) **declare that:**

- I have read and understand the conditions set out in the MPA APSA Academy Film Fund Rules and Regulations;
- I acknowledge and agree that I am entering into a binding agreement with Asia Pacific Screen Academy Pty Ltd (ACN 642 301 022) 40 Ure Street, Hendra Queensland 4011, Australia on the terms and conditions set out in the MPA APSA Academy Film Fund Rules and Regulations and this Submission Form;
- I approve the submission of the project referred to in the Submission Form for consideration in the MPA APSA Academy Film Fund of which I am a Screenwriter.

Screenwriter 1

Signature: _____ **Date (DD/MM/YY):** / /

Screenwriter 2 (if applicable)

Signature: _____ **Date (DD/MM/YY):** / /

RIGHTS/OPTIONS HOLDER (Adapted Projects Only)

By printing and signing this form, I _____ **declare that:**

- I have read and understand the conditions set out in the MPA APSA Academy Film Fund Rules and Regulations;
- I acknowledge and agree that I am entering into a binding agreement with Asia Pacific Screen Academy Pty Ltd (ACN 642 301 022) 40 Ure Street, Hendra Queensland 4011, Australia on the terms and conditions set out in the MPA APSA Academy Film Fund Rules and Regulations and this Submission Form;
- I approve the submission of the project referred to in the Submission Form which I hold the underlying rights/options for consideration in the MPA APSA Academy Film Fund.

Signature: _____ **Date (DD/MM/YY):** / /