

I I F F

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INTERNATIONAL IMAGES FILM FESTIVAL FOR WOMEN (IIFW)

APPLICATION FORM 2023

Deadline: 31 July 2023

SENDER: <input type="checkbox"/> Distributor <input type="checkbox"/> Producer <input type="checkbox"/> Director <input type="checkbox"/> Diplomatic Mission <input type="checkbox"/> Other	
AVAILABLE FOR PREVIEWING (Tick as appropriate) DVD VIMEO LINK IF VIMEO LINK, PLEASE INCLUDE HERE: IF DVD PLEASE SEND PACKAGE POSTMARKED TO : IIFW, 9 WINDERMERE CLOSE, HELENSVALE, HARARE, ZIMBABWE	
ORIGINAL TITLE:	
<hr/>	
COUNTRY OF PRODUCTION:	PRODUCTION YEAR:
SYNOPSIS IN ENGLISH (80 WORDS MAX)	
DIRECTOR: TITLE: _ _ NAME: NATIONALITY: TEL: E-MAIL:	FILMOGRAPHY:
PRODUCER: TITLE: _ _ Ms _ NAME: NATIONALITY: TEL: E-MAIL:	FILMOGRAPHY:
DISTRIBUTION, INTERNATIONAL SALES:	TEL: E-MAIL: FAX:

FESTIVAL PUBLICITY

By making this application, I certify that IFF may use up to 2minutes of film footage for publicity purposes. I certify that my press kit will be sent to IFF on confirmation of selection.

TECHNICAL INFORMATION

GENRE: Feature film <input type="checkbox"/> Documentary <input type="checkbox"/> Short film		
Screening Format: MOV <input type="checkbox"/> MP4 <input type="checkbox"/> Bluray <input type="checkbox"/> Other (specified)		Running time
XColour <input type="checkbox"/> Black/white	Is the screening format subtitled? Yes <input type="checkbox"/> No	
In what language are the sub-titles? English <input type="checkbox"/> Other (Specify)		
Original Language of dialogue	Sound: <input type="checkbox"/> Mono Stereo	Value of the print /tape:
Cast		
Cinematography TITLE:		Script TITLE: <input type="checkbox"/>
Editor TITLE:		Sound Engineer TITLE:

DECLARATION

By submitting this film to the festival I agree that, in addition to festival screenings, IFF may (please tick yes or no for each option):

	Yes	No
Screen the film at other film festivals and events that IFF is partner to	<input type="checkbox"/>	<input type="checkbox"/>
Assist Zimbabwe Television (ZTV), Zimbabwe's national public broadcaster in its content acquisition by allowing ZTV to broadcast your film for no extra fee.	<input type="checkbox"/>	<input type="checkbox"/>

I certify that I accept the Festival's regulations and conditions.

NAME: _____

SIGNATURE: _____

DESIGNATION: _____

DATE: _____

[Email :awfh@icapatrust.org](mailto:awfh@icapatrust.org)