2016 Subsidy Programme for the Production of Original Animation Short Films Review Information Form

	Part I: Information of Anima	tion Short Film
Name of beneficiary		
Type of production	_	Computer Animation
☐ Single film pro	oduction	
Title of animation		
Date of completion		Duration
Series producti	ion	
Title of series animation		
Title of series production 1		Duration
Title of series production 2		Duration
Title of series production 3		Duration
Title of series production 4		Duration
Title of series production 5		Duration
Date of completion		Total duration

Part II: List of Film Crew Member and Particulars

Including: director, producer, original author, character designer, sets modelling artist, scriptwriter, animatic storyboard artist, art director, motion supervisor, key animator, animator, puppet modeller, prop maker/sets dressing artist, visual effects artist, editor, dubbing artist, subtitle editor, composer, sound effects editor, compositor, mastering and deliverables.

No.	Position	Name	Macao permanent resident?
1.			☐ Yes ☐ No
2.			☐ Yes ☐ No
3.			☐ Yes ☐ No
4.			☐ Yes ☐ No
5.			☐ Yes ☐ No
6.			☐ Yes ☐ No
7.			☐ Yes ☐ No
8.			☐ Yes ☐ No
9.			☐ Yes ☐ No
10.			☐ Yes ☐ No
11.			☐ Yes ☐ No
12.			☐ Yes ☐ No
13.			☐ Yes ☐ No
14.			☐ Yes ☐ No
15.			☐ Yes ☐ No
16.			☐ Yes ☐ No
17.			☐ Yes ☐ No
18.			☐ Yes ☐ No
19.			☐ Yes ☐ No
20.			☐ Yes ☐ No
21.			☐ Yes ☐ No

Part II: List of Film Crew Member and Particulars (cont'd)

Including: director, producer, original author, character designer, sets modelling artist, scriptwriter, animatic storyboard artist, art director, motion supervisor, key animator, animator, puppet modeller, prop maker/sets dressing artist, visual effects artist, editor, dubbing artist, subtitle editor, composer, sound effects editor, compositor, mastering and deliverables.

No.	Position	Name	Macao permanent resident?
22.			☐ Yes ☐ No
23.			☐ Yes ☐ No
24.			☐ Yes ☐ No
25.			☐ Yes ☐ No
26.			☐ Yes ☐ No
27.			☐ Yes ☐ No
28.			☐ Yes ☐ No
29.			☐ Yes ☐ No
30.			☐ Yes ☐ No
31.			☐ Yes ☐ No
32.			☐ Yes ☐ No
33.			☐ Yes ☐ No
34.			☐ Yes ☐ No
35.			☐ Yes ☐ No
36.			☐ Yes ☐ No
37.			☐ Yes ☐ No
38.			☐ Yes ☐ No
39.			☐ Yes ☐ No
40.			☐ Yes ☐ No
41.			☐ Yes ☐ No
42.			☐ Yes ☐ No

	ì	'n	o	M	'n	or
--	---	----	---	---	----	----

- I, the undersigned, hereby declare:
- 1. No changes will be made to the contents in the submitted forms and discs after the approval of the final review;
- 2. The information provided on this form is accurate and true. I will bear all legal liability for the information and content provided on this form.

	Contact no. of the beneficiary:		
Signatur	e of hanaficiary (as in ID card):		
Signatur	e of beneficiary (as in ID card):		
	Date (dd/mm/yyyy):		
	For IC Use	Only	
File no.		Date of receipt	
Remarks			