**DISTRIBUTOR ELIGIBILITY REQUEST FORM**

**THEATRICAL DOCUMENTARY PROGRAM**

**Distribution company:**       (the “**Distributor**”)

The Distributor hereby requests that it be considered an eligible distribution company for the purposes of the Theatrical Documentary Program.

Distributor’s address:

Distributor’s website:

Contact person:

Telephone:

**Relevant Distributor experience for the Canadian territory (in order of most recent first and for the last five (5) years only)**

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| **Title** | **Genre** | **Platform** | **Rights held by Distributor** | **Language market** | **Release date** | **Box office (if applicable)** |
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Note: A website link with the information will not be accepted; the information must be submitted by the Distributor via this form. The information in this table may be attached as a separate document

Signature:

Name of Representative:

Title:

Date: