

PROPOSER DETAILS										
Name					Email Address					
Job or Function Title						Mobile Number				
Company Name						Work Number				
Postal Address						Signature				
PROGRAMME DETAILS										
Programme Name							Duration			
Genre						No	o. of Episodes			
COMMISSIONING/PROCUREMENT PROPOSAL										
Completed Content			Co-Production				Full Commissioning			
Proposed cost per Episode or Series: Submit Estimated Budget and/or Expected co Series to be paid to the Applicant   Indicate any other Financing/Funding arrangement to be considered by SBC:						ost per Episode	e or			
Ownership, Rights and Exclusivity										
a) Ownership fully retained by the SBC										
b) Dual Ownership by the Producer and the SBC										
c) Full Ownership to be retained by the Producer										
d) Content Exclusive to SBC?										

This form can be filled-in, **signed**, and emailed electronically to: <u>commissioning@sbc.sc</u> Applicant may wish to provide additional information or other pertinent documents with their submission. This is, however, not obligatory at the application stage. For further information, please email or call 4289692