

**THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF INFORMATION, YOUTH, CULTURE AND SPORTS**



FILMING PERMIT APPLICATION FORM

NOTE:

This form should be completed by all companies, institutions, groups or individuals who seek permission to undertake assignment as film/video producers. Film/video producers should submit letters stating reasons for shooting/filming in Tanzania. They must also attach a **synopsis** or scripts when forwarding their applications. All applicants are advised to submit this form **at least one month** before the commencing date of the assignment, to:

National Film Censorship Board
Department of Culture Development
Ministry of Information, Youth, Culture and Sports
P.O. Box 8031
DAR E SALAAM
Tel: +255222121920/0222123931/0222117819
Fax +25522 2121920/0222123931/022117819
km@hum.go.tz
filmboardtz@hum.go.tz
filmboardtanzania@yahoo.com
TANZANIA

PART I: PARTICULARS OF AN APPLICANT

Surname: First

Name(s)

Date of Birth: Nationality:

Marital Status: Profession:

Passport No.: Date and Place of

Issue:

Home Organization represented:
.....

Address:
.....
.....

Phone: Fax:
Email:

Address/Reference while in
Tanzania.....
.....
.....

Phone:.....Fax:..... email
.....

PART II: FEES FOR PERMITS

- a) Film/Video producers Fees \$ 1,000 Fast Truck applications US\$ 3,000 (within 7 working days)
- b) Indicate whether you will pay by banker’s draft or through courier service or by cash
Through agent in Tanzania.

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PART III: PURPOSE AND DURATION OF VISIT

- 1. Number of people in the entourage

(figure)(*Attach details*)

- 2. My/our purpose is to
.....
.....
..... (Attach detailed synopsis/script

- 3. I/We intend to stay in Tanzania for (days/months)

.....
.....

4. Date of entry to
Tanzania

5. Point of entry to Tanzania
Point of
Exit.....

6. Do you intend to import any filming equipments (Yes/No) (***If Yes, you will be required to deposit a cash bound with customs authorities at point of entry.***)

7. I/We wish to visit (specific areas)
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.....
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8. I/We wish to interview
.....
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.....
.....

PART IV: LAST VISIT TO TANZANIA (IF ANY)

Date (s)

.....
.....

Purpose

.....
.....
.....
.....

PART V: DECLARATION

I/We declare that I/we will submit **two copies of film**/documentary/program me to the Executive Secretary – National Film Censorship Board.

Date:

Signature of Applicant:

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PART VI: COMMENT BY NEAREST TANZANIAN DIPLOMATIC MISSION

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FULL NAME OF THE OFFICIAL

.....
.....

TITLE:

Date:

Stamp

(NB: PLEASE FILL ALL PARTS ABOVE. FAILURE MAY RESULT IN DELAY).

FOR OFFICIAL USE ONLY

PART VII: THE APPLICATION HAS BEEN APPROVED/NOT APPROVED

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NB: 1. Permit will be issued **only after payment is received**
2. Permit is valid for a **maximum of three months only**.
3. Permit is valid only in **Tanzania Mainland**; not in Zanzibar
4. Permit is obtainable in Dar es Salaam only. NATIONAL FILM
CENSORSHIP BAORD

NAME OF THE AUTHORISING OFFICER
.....

TITTLE.....

SIGNATURE
.....

DATE:.....