

2025-26 NARRATIVE POSITIONING POLICY APPLICANT ATTESTATION FORM

Please consider the environment before printing. Follow our <u>Guide</u> on how to sign forms electronically.

NOTE FOR PROJECTS WITH CO-APPLICANTS: A separate Applicant Attestation Form must be completed and submitted for <u>each Co-Applicant</u>.

Applic	cant production company (the "Applicant")
Proje	ct Title (the " Project ")
Fisca	I Year of Project (YYYY-YYYY)
I, the	undersigned,
Full n	ame of the authorized representative of the Applicant
DECL	ARE, that
1.	I am an officer of the Applicant and am duly authorized to declare the following for the Applicant;
2.	I confirm that I have performed a complete due diligence of all relevant facts for the drafting of this declaration and that I have personal knowledge of said facts;
3.	I confirm that I have read the published <u>CMF Narrative Positioning Policy</u> and confirm that the Applicant will ensure compliance to the policy throughout all phases of the Project;
4.	I acknowledge that the Canada Media Fund ("CMF") is relying on this declaration, amongst other things, to determine whether the Applicant is eligible;
5.	I acknowledge that making a false declaration is considered as a CMF Event of Default under CMF's policies and may constitute a criminal offense.
	y that all the information provided is accurate and complete and that there is no omission of important lation and agree with its terms.
Agree	d and accepted by the Applicant:
Sig	gnature:
	I am duly authorized
Na	me:
	Please print
Tit	le:
Da	te:

(YYYY/MM/DD)

City/Province: