

Project Title: \_\_\_\_\_ ("Television Component")  
 CMF File No.: \_\_\_\_\_  
 Applicant Production Company: \_\_\_\_\_ ("Television Component Applicant")  
 Fiscal Year of Application: \_\_\_\_\_ (YYYY-YYYY)  
 CMF Application Program: \_\_\_\_\_

**IN THE MATTER OF the Canada Media Fund AND IN THE MATTER OF the application of**

\_\_\_\_\_  
 Name of the Television Component Applicant Production Entity

**with respect to**

\_\_\_\_\_  
 Name of the Television Component

I \_\_\_\_\_ Resident of \_\_\_\_\_  
 Full name of the declarant City, Province

**DO SOLEMNLY DECLARE, that**

1. I am a \_\_\_\_\_  
 Occupation

and as such am providing/have provided my services to the Television Component Applicant on the Television Component

From \_\_\_\_\_ to \_\_\_\_\_  
 Commencement completion date of service

2. I am and will at all material times be a Canadian Citizen or Permanent Resident.

3. To the best of my knowledge, information and belief, the declared locations for animation activity listed below where applicable, are in Canada.

4. Please choose **one** of the following:

☐ To the best of my knowledge, information and belief, the individuals specified below as Canadians filling key creative positions for the Television Component are Canadian citizens and/or permanent residents, and I have made all reasonable inquiries to ensure the truth of this statement.

☐ I have submitted or will submit satisfactory documentary proof evidencing the citizenship and/or permanent residency status of the Canadian individuals filling key creative positions specified below.

## Key Creative Personnel

Please insert the name of all persons filling the following positions and their citizenship:

	NAME	GENDER IDENTITY (optional for statistics only)	CITIZENSHIP (Aboriginal nation, if applicable)	COMPANY & LOCATION
Producer(s)	_____	_____	_____	_____
Executive Producer(s)	_____	_____	_____	_____
Co-Producer(s)	_____	_____	_____	_____
Associate Producer(s)	_____	_____	_____	_____
Line Producer(s)	_____	_____	_____	_____
Other Producer(s)	_____	_____	_____	_____
	NAME	GENDER IDENTITY	CITIZENSHIP (Aboriginal nation, if applicable)	COMPANY & LOCATION
Director(s)	_____	_____	_____	_____
Principal Screenwriter(s)	_____	_____	_____	_____
Other Screenwriter(s)	_____	_____	_____	_____
Editor(s) / Off-line Editor(s)	_____	_____	_____	_____
Music Composer(s)	_____	_____	_____	_____
LIVE ACTION	NAME	GENDER IDENTITY	CITIZENSHIP (Aboriginal nation, if applicable)	COMPANY & LOCATION
Highest Paid Performer	_____	_____	_____	_____
2nd Highest Paid Performer	_____	_____	_____	_____
Production Designer / Art Director	_____	_____	_____	_____
Director of Photography/ Technical/Lighting Director	_____	_____	_____	_____
ANIMATION	NAME	GENDER IDENTITY	CITIZENSHIP (Aboriginal nation, if applicable)	COMPANY & LOCATION
Storyboard Supervisor	_____	_____	_____	_____
First or Second Highest Paid Voice	_____	_____	_____	_____
Design Supervisor / Art Director	_____	_____	_____	_____
Camera Operator & Operation Location(s)	_____	_____	_____	_____
Layout & Background Location(s)	_____	_____	_____	_____
Key Animation Location(s)	_____	_____	_____	_____
Assistant Animation In-betweening Location	_____	_____	_____	_____

Principal Cast Names	ROLE	GENDER IDENTITY	CITIZENSHIP (Aboriginal nation, if applicable)	COMPANY & LOCATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**AND I make this solemn Declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.**

**DECLARED before me**

In (City) \_\_\_\_\_

\_\_\_\_\_  
Signature of Declarant

In (Province) \_\_\_\_\_

\_\_\_\_\_  
Please Print Name of Declarant

This \_\_\_\_\_ of \_\_\_\_\_/\_\_\_\_\_  
Day Month/Year

\_\_\_\_\_  
Signature of Commissioner or Notary  
\_\_\_\_\_  
Please Print Name of Commissioner/Notary

N.B. This document must be sworn before a Commissioner for taking Oaths or a Notary Public. Please ensure that all insertions are legible.