



HELLENIC REPUBLIC
MINISTRY OF CULTURE AND SPORTS

TO:

(Please fill in the title of the Ministry Service
the application is addressed to)

A P P L I C A T I O N F O R M

FOR PERMISSION TO FILM-VIDEO RECORD

IN MUSEUMS, MONUMENTS AND ARCHAEOLOGICAL SITES

[On the basis of article 46 of Law 3028/02, the Joint Ministerial Decision with Reference Number ΥΠΠΟΤ/ΔΟΕΠΥ/ΤΟΠΥΝΣ/126463/28.12.2011 (Government Gazette Issue 3046/B/30.12.2011) and the Ministerial Decision ΥΠΠΟΤ/ΓΔΑΠΚ/ΑΡΧ/Α1/Φ42/1020/62 (Government Gazette Issue 1138/B/10.4.2012)]

DATE:	
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DETAILS OF ENTITY ON BEHALF OF WHICH THE APPLICATION IS SUBMITTED	
Name:	
Postal Address:	
Telephone/FAX:	

Email:	
ENTITY CATEGORY	
Governmental Entity/Public Sector:	<input type="checkbox"/>
Local/Regional Authority:	<input type="checkbox"/>
Non-profit Scientific, Cultural and Educational Institution:	<input type="checkbox"/>
Production Company:	<input type="checkbox"/>
Tourist Office:	<input type="checkbox"/>
Advertising Company:	<input type="checkbox"/>
Individual:	<input type="checkbox"/>
Other (please describe):	

APPLICANT DETAILS	
Full Name:	
Profession/Capacity:	
Postal Address:	
Telephone/FAX:	
Email:	

PRODUCER/APPOINTED PRODUCER DETAILS	
Trade Name:	

Postal Address:	
Telephone/FAX:	
Email:	

FILM DETAILS	
Film Title:	
Filming Purpose:	
Filming Duration:	
Brief Content Description:	

FILM USE		
Film of cultural, scientific, educational, informative content (documentary)	<input type="checkbox"/>	
Fiction	<input type="checkbox"/>	Featuring person(s) <input type="checkbox"/>
		Not featuring person(s) <input type="checkbox"/>

Commercial	<input type="checkbox"/>	Featuring person(s) <input type="checkbox"/>
		Not featuring person(s) <input type="checkbox"/>
Aerial Filming	<input type="checkbox"/>	
	With Drone use <input type="checkbox"/>	
	Without Drone use <input type="checkbox"/>	
	Please indicate positions where a Drone will be used:	
Underwater Filming	<input type="checkbox"/>	
Filming of an event in a site permitted by the Ministry	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Please specify event:	
Other Use	<input type="checkbox"/> Please specify:	

SPECIFIC DETAILS		
Crew Members:		
Ministry Services from which you have asked or intend to ask for permission to film for the same film – production:		
Use of the filmed material in other digital products (electronic guides, the internet, electronic publications etc.):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Please specify:	
Equipment Description:		

Please describe set interventions:	
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DETAILED TABLE OF FILMING

Competent Service	Museum	Filming Duration
1.		
2.		
3.		

Competent Service	Individual Monument	Filming Duration
1.		
2.		
3.		

Competent Service	Archaeological Site	Filming Duration
1.		
2.		
3.		

ATTACHMENTS (required)

<input type="checkbox"/>	Full list of museums/monuments/sites
<input type="checkbox"/>	Written authorization in the case where the application is not signed by the film producer but his/her authorized representative instead
<input type="checkbox"/>	Script copy
<input type="checkbox"/>	List and description of technological equipment
<input type="checkbox"/>	List of crew members
<input type="checkbox"/>	For fiction films: Certification from the Greek Film Centre
<input type="checkbox"/>	For fiction films where sets are used: description of sets

DECLARATION

I, the undersigned, declare that

- Any filming will be carried out according to the terms and conditions of the permit granted, as those will be determined by the competent Services. In the case of any modification or alteration a new permit is required.
- The filmed material will be used exclusively for the production of the film or the use/purpose declared in this application. Should the filmed material be used in electronic format or the internet, the relevant

application form will be completed for the granting of permission.

3. The requested days of filming include those necessary for the preparation of the filming area.
4. Prior to filming all user fees due to the Archaeological Receipts Fund will be deposited in the name of the Archaeological Receipts Fund in the Bank of Greece, account number 026786/4, or in the account IBAN GR 2201000240000000000267864 of the Bank of Greece, if the deposit is made through a different bank.
5. All information contained in this application form is true and accurate.

(Full name)

(Signature)