



REPUBLIC OF RWANDA

RWANDA ACADEMY OF LANGUAGE AND CULTURE

BP: 5796 Kigali
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FILM SHOOTING AUTHORISATION REQUEST FORM

I. IDENTIFICATION

First and Last Name:

Citizenship:

Passport / ID N°:

Place of Issue:

Date of issue:

Date of expiry:

Profession :

Address(street, town, country):

Phone:

Email:

II. FILM PROJET INFORMATION

Title of the film:

Genre:

Details Schedule (dates): Fromto.....

Duration of stay (for non residents):

Location (town, sector):

III. REQUIRED DOCUMENTATION

1. Letter of Request
2. Identification of the applying for the permitt
3. Recommendation of the institution in Rwanda related to your work.
4. Curriculum vitae (the whole film crew)
5. Synopsis Copy
6. Copy right Certificate for nationals
7. For the use of Special materials, Authorization from the concerned Authorities is required
8. Accreditation (for journalists)
9. A copy of receipt of Rwanda Revenue Authority (RRA)
10. A slip of service payment (Bank of Kigali)

IV. DECLARATION

I declare that the information provided above is true.

Nom :

Signature:

*NB: The Authorisation will be collected after 4 service days following the completed file request.
We invite you to provide a copy of your work for archive purposes.*