



MINISTRY OF ARTS AND CULTURAL HERITAGE

*7th Floor, Renganaden Seeneevassen Building
Cnr Pope Hennessy & Maillard Streets,
Port Louis, Republic of Mauritius
Tel: +230 212 2112/ 9993; Fax: +230 211 0681*

COVID 19 - ARTISTS SUPPORT PLAN 2021
Production of an audio maquette (single)

APPLICATION FORM

1. General Information

Title (Mr./Mrs./Miss):

Surname (Block letters):

Other Names:

National Identity Card No.:

Residential Address:

Tel: Mobile :Fax :.....

E-mail :

Occupation:

Nationality:

2. Title of Song:

3. Duration of Maquette:

4. Have you applied for Post Covid-19 Action Plan 2020 for CD/DVD?:

5. Have you applied for any other scheme in the Covid 19- Artists Support Plan 2021 or made any other request for assistance for the implementation of any project with this Ministry?.....

If yes, Please Specify in which category:

6. I/we hereby certify that all the information submitted above is true, complete and accurate.
7. I understand that:
 - (i) application not made in the prescribed form; or
 - (ii) if information submitted is inaccurate, omitted, falsified or incomplete; and
 - (iii) failure to submit relevant details and annexures may lead to non-consideration or disqualification of the application.
8. I further confirm having read the guidelines and I am agreeable to the contents thereof and shall comply to the decision of the Ministry of Arts and Cultural Heritage.
9. I fully understand that the current application does not imply that I will automatically be eligible for a financial assistance from the Ministry.

Date:

Signature:

For Official Use Only

Copy of National Identity Card of applicant	<input type="checkbox"/>
Certificate of Registration of Artists or valid membership card from the MASA	<input type="checkbox"/>
Copy of "Declaration d'oeuvres" from the Mauritius Society of Authors (MASA)	<input type="checkbox"/>
Letter from MASA certifying that the song for which assistance is sought has not been released	<input type="checkbox"/>
1 maquette (Audio CD or Pen drive) in a readable format	<input type="checkbox"/>
1 copy of lyrics neatly typed or written in a legible handwriting	<input type="checkbox"/>
Claim Form for Assistance to Artists	<input type="checkbox"/>

Remarks:

Date:

Name/Signature of Officer.....