



APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS OF THIS FORM, AND PRINT NEATLY

NAME	<input type="text" value="AS PER ID"/>	SURNAME	<input type="text" value="AS PER ID"/>
DATE OF BIRTH	<input type="text" value="YY / MM / DD"/>	AGE	<input type="text"/>
		SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ID NUMBER / WORK PERMIT / PASSPORT	<input type="text"/>	TAX NUMBER	<input type="text"/>
CELL NUMBER	<input type="text"/>	WHATSAPP NUMBER	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>		
NEXT OF KIN NAME	<input type="text"/>		
NEXT OF KIN CONTACT NUMBER	<input type="text"/>	NATIONALITY	<input type="text"/>

MEASUREMENTS & APPEARANCE

ETHNICITY	<input type="checkbox"/> AFRICAN	<input type="checkbox"/> ASIAN	<input type="checkbox"/> CAUCASIAN	<input type="checkbox"/> COLOURED	<input type="checkbox"/>
HEIGHT	<input type="text"/>	CHEST	<input type="text"/>	WAIST	<input type="text"/>
SHOE SIZE	<input type="text"/>	PANTS/DRESS	<input type="text"/>	BRA	<input type="text"/>
EYE COLOUR	<input type="text"/>	HAIR COLOUR	<input type="text"/>	SCARS	<input type="text"/>
TATTOOS	<input type="text"/>		PIERCINGS	<input type="text"/>	
ARE YOU OK TO DO TOPLESS SCENES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ARE YOU OK TO DO NUDE SCENES	<input type="checkbox"/> YES	<input type="checkbox"/> NO

TRANSPORT

DRIVERS LICENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU OWN? CAR / MOTOCYCLE / BIKE	<input type="text"/>	DRIVERS CODE	<input type="text"/>
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AVAILABILITY

DAYS AVAILABLE	<input type="text"/>
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BANKING DETAILS

BANK	<input type="text"/>	ACCOUNT NAME	<input type="text"/>
ACCOUNT NUMBER	<input type="text"/>	ACCOUNT TYPE	<input type="text"/>

PHYSICAL ADDRESS

UNIT NUMBER	<input type="text"/>	COMPLEX	<input type="text"/>
STREET NUMBER	<input type="text"/>	STREET	<input type="text"/>
SUBURB	<input type="text"/>	POSTAL CODE	<input type="text"/>

MEDICAL

NAME OF DOCTOR					CONTACT				
DO YOU SUFFER FROM	ALLERGIES	ASTHMA	ANXIETY ATTACKS	BACK/NECK PROBLEMS	DEPRESSION				
	DIABETES	EPILEPSY	HEART COMPLAINTS	MIGRAINES	PHOBIAS				
OTHER									
ACTIVITIES YOU CANT PARTAKE IN									

SKILLS & LANGUAGES

LANGUAGES (eg) Speak, Read, Write	
LIST YOUR SKILLS (eg) sports you play instruments you play	

TERMS AND CONDITIONS**1. INTENTIONS**

I the undersigned understand that "Film and Television Extras Agency" will represent in my capacity as an independent contractor as my agent for the period 1st March to 1st March annually. They will endeavour to find work for me as a background or featured artiste in Film, Television and Commercial productions, or as a photographic model. "Film and Television Extras Agency" do not guarantee to provide work, but enter into this agreement in good faith and will attempt to suggest me whenever possible and appropriate. I hereby grant "Film and Television Extras Agency" power of attorney in respect of contracts negotiated for work on my behalf. The personal details on this form (including email and cell number) may be used to keep you informed about future events / updates / promotions. If you do not wish to receive this information of this nature please write to us at info@fateagency.tv

2. PAYMENT

In the event of my working, I authorize "Film and Television Extras Agency" to invoice for my services on my behalf as required, and to deduct their agency fee from my fees prior to issuing payment to me. I understand that I am not permitted to accept payments for work, which "Film and Television Extras Agency" has arranged, on any other basis without prior written authorization. I understand that payment will be forwarded to me only on "Film and Television Extras Agency" receiving payment from the production company for whom my work was conducted. "Film and Television Extras Agency" undertake to ensure "good intentions" of all production companies with whom I am placed, but I understand that any work accepted is entirely at my own discretion. I understand that "Film and Television Extras Agency" agency fee's may be adjusted from time to time and that any changes will be posted in their office. I understand that Payments from Commercials and even some Films can take up to 90 days to be made.

3. DISCIPLINARY PROCEDURES

I understand that "Film and Television Extras Agency" reserve the right to discontinue representation. This may occur if my behaviour falls below the standards set out in the "Film and Television Extras Agency Terms & Conditions".

4. TERMS OF ENGAGEMENT

This registration form and terms and conditions are available on request form part of the conditions of the engagement will jointly constitute the full agreement between "Film and Television Extras (Pty) Ltd and the independent contractor for the services specified therein. Parties specifically acknowledge that the independent contractor, in performing his/her obligations under this agreement and in rendering his/her services and performing the Task, will in all respects be an independent contractor and not an agent, employee or representative of "Film and Television Extras Agency" and as an independent contractor you will be responsible for your own tax.

5. LIABILITY

The agency is NOT responsible for any loss, safety or health of any artiste or any loss or damage to the artiste's personal clothing or effects. These terms and conditions will constitute the full agreement between "Film and Television Extras Agency" and the independent contractor for the services specified therein. Party specifically acknowledge that the independent contractor in performing the Task, with in all respects be an independent contractor and not an agent, employee or representative of "Film and Television Extras Agency" and as an independent contractor you will be responsible for your own tax.

6. TAX

Tax number is very important, 99% of jobs require it in order to pay. If you don't have a tax number we are able to get it for you, for a fee of R50.00. If you are unable to or not prepared to get it we will obtain it for you at the fee of R50.00.

BACKGROUND ARTISTE

FILM AND TELEVISION EXTRAS AGENCY

PRINT NAME

PRINT NAME

SIGNED

SIGNED

DATE

YY

MM

DD

DATE

YY

MM

DD