



**Application Form**

**For filming and photo shooting at the International Airports of Cyprus**

**APPLICANT INFORMATION**

Name of organization, group or individual:

\_\_\_\_\_

On-site representative, group or individual:

\_\_\_\_\_

Applicant:

\_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Post Code: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Crew Members/Participants in the works:**

1. Name: \_\_\_\_\_ I.D. Card: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mob.Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ I.D. Card: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mob. Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ I.D. Card: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mob. Number: \_\_\_\_\_

4. Name: \_\_\_\_\_ I.D. Card: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mob.Number: \_\_\_\_\_

5. Name: \_\_\_\_\_ I.D. Card: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mob.Number: \_\_\_\_\_

6. Name: \_\_\_\_\_ I.D. Card: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mob.Number: \_\_\_\_\_

7. Name: \_\_\_\_\_ I.D. Card: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mob.Number: \_\_\_\_\_

8. Name: \_\_\_\_\_ I.D. Card: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mob.Number: \_\_\_\_\_

9. Name: \_\_\_\_\_ I.D. Card: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mob.Number: \_\_\_\_\_

10. Name: \_\_\_\_\_ I.D. Card: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mob.Number: \_\_\_\_\_

11. Name: \_\_\_\_\_ I.D. Card: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mob.Number: \_\_\_\_\_

12. Name: \_\_\_\_\_ I.D. Card: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mob.Number: \_\_\_\_\_

13. Name: \_\_\_\_\_ I.D. Card: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mob. Number: \_\_\_\_\_

14. Name: \_\_\_\_\_ I.D. Card: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mob. Number: \_\_\_\_\_

15. Name: \_\_\_\_\_ I.D. Card: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mob. Number: \_\_\_\_\_

*(Note: for additional participants please attach a list of names. Access will be granted only for participants who are listed in this application).*

Estimated Number of People/Crew: \_\_\_\_\_

Location of Activity: Landside (Public area)

Airside (Restricted area)

Interior only

Exterior only

Both

Requested Location(s) of works: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose - Detailed Scope of Production (including a description of the action or scene to be filmed). Additional sheet of paper may be attached if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>EVENT INFORMATION</b>
--------------------------

Date of Filming/Photographing: \_\_\_\_\_

Time of Filming/Photographing: \_\_\_\_\_

Estimated Duration (hours): \_\_\_\_\_

Type of Filming (tick the appropriate): Commercial  Non-Profit

Method of Filming: Motion Picture  Video  Still/Photography

Purpose – detailed scope of production (attach additional sheet of paper if necessary):

\_\_\_\_\_

\_\_\_\_\_

Location of Activity: Landside  Airside

Requested Location(s) of Filming/Photographing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Equipment Requirements:**

Please provide a specific description of equipment including quantity, weight and size (attach additional sheet of paper if necessary):

Equipment Type:	Quantity:	Weight:
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Please tick if your shoot at airport's premises involves any of the following:</b>			
Camera Crane	<input type="checkbox"/>	Animals	<input type="checkbox"/>
Camera Track/dolly	<input type="checkbox"/>	Scaffolding or other supporting equipment	<input type="checkbox"/>
Generator	<input type="checkbox"/>	Crowd Control / Security	<input type="checkbox"/>
Special Effects	<input type="checkbox"/>	Stunts	<input type="checkbox"/>
Gunfire &/or Pyrotechnics	<input type="checkbox"/>	Airing Playback	<input type="checkbox"/>
Fire Effects	<input type="checkbox"/>	Participation of children	<input type="checkbox"/>
Dressing & Make-up Room	<input type="checkbox"/>	Other	<input type="checkbox"/>

**PARKING REQUIREMENTS (FOR AIRSIDE ONLY)**

Total number of vehicles: \_\_\_\_\_

Estimated duration (hours): \_\_\_\_\_

Driver(s) of the Vehicle(s): \_\_\_\_\_

Registr. Number of Vehicle(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LICENSE**

The non-exclusive license that may be granted by Hermes Airports Ltd under this application concerns only the property of Hermes Airports Ltd. This license expressly excludes the airlines' aircrafts and/or any other legal or physical entity (including any signage or equipment or vehicle or aircraft) using or operating at Hermes' airports. It is the responsibility of the applicant to obtain any license or permit from any other legal or physical entity that is using or operating at the airports. Hermes Airports Ltd reserves the right to terminate the granted license at any time without a reason and without any liability for any compensation whatsoever.

**INSURANCE**

**A. For Companies/other legal entities:**

Please send a copy of the following documents along with your application:

1. Employer’s Liability Insurance Policy and
2. General Liability Insurance Policy

**B. For Individuals:**

In the event that the applicant is a physical person who is working on his/her own, then the applicant must send a copy of his/her General Liability insurance. If an applicant under this category wishes to employ personnel and/or crew and/or subcontractor, he/she must send a copy of his/her Employer’s Liability Insurance Policy.

The policies must be in accordance with Hermes’ filming and photo shooting policy.

**INDEMNITY**

The applicant, its subcontractors, officers, servants, agents and employees shall, at all times indemnify and save harmless Hermes Airports Ltd, its subcontractors, officers, servants, agents and employees from and against all claims, demands, loss, damages, actions, courses of actions or other proceedings by whom so ever made, brought or prosecuted in any manner based upon, occasioned by or maintained by virtue hereof.

**AGREEMENT**

I hereby declare that I have fully read, understood and therefore agree with all the above terms of Hermes Filming Policy on behalf of myself as well as of all persons which are included in my team/crew.

Name:
Signed: (plus Company’s Stamp)
Job Title:
Date: