

Statutory Declaration – Eligible Nova Scotia Costs and Head of Department Positions

Nova Scotia Film & Television Production Incentive Fund

In the Matter of Confirmation of Head of Department Positions under the Nova Scotia Film & Television Production Incentive Fund (the “Fund”)

This declaration must be made by an officer or other authorized representative of the production company.

I, _____ of the City/Town of _____ in the Province of Nova Scotia, DO SOLEMNLY DECLARE AS FOLLOWS:

That I, being the authorized representative of _____ (the “Production Company”) which is responsible for the production of the program entitled _____ (the “Production”).

To the best of my knowledge, after due inquiry, I hereby certify that

- the individuals who are employed in the Production (either by the Production Company directly or through a personal services corporation) and for whom salaries and compensation are claimed as Eligible Nova Scotia Costs, are Nova Scotia Residents within the meaning of the guidelines for the Fund;
- no individual has received or will receive, directly or indirectly, pay, salary, fees, compensation or any similar payment that is budgeted or paid from the fund exceeding \$150,000 for this project;
- the individuals employed in the Production listed as Heads of Department in Schedule 'A' to the declaration each satisfied a minimum of fifty per cent of the function of his or her respective Head of Department position; and
- if applicable, the number of Nova Scotia resident performers in Lead or Principal Performer roles and the number of Nova Scotia resident trainees that are substituted and counted for as Head of Department positions is in accordance with the Guidelines for the Fund.

AND I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING IT TO BE TRUE, AND KNOWING THAT IT IS OF THE SAME FORCE AND EFFECT AS IF MADE UNDER OATH.

DECLARED before me at _____
City/Town _____ Print Name of Deponent _____

in the province of _____ this _____

_____ of _____, _____
Day _____ Month _____ Year _____ Signature _____

Commissioner for Oaths in and for the Province of Nova Scotia _____ Print Name and Date Commission Expires _____

Title _____ Print Name _____

Date (yyyy-mm-dd) _____ Signature _____

