HELLENIC REPUBLIC
MINISTRY OF CULTURE

TO[1]:
EPHORATE OF ANTIQUITIES
OF FHTHIOTIS AND EVRYTANIA
efafeu@culture.gr

APPLICATION FORM

FOR PERMISSION TO FILM – VIDEO RECORD

IN MUSEUMS, MONUMENTS AND ARCHAEOLOGICAL SITES

On the basis of Law N. 4858/2021 (Government Gazette Issue 220/A/19.11.2021), article 3 and article 46, Joint Ministerial Decision with Reference Number ΥΠΠΟΤ/ΔΟΕΠΥ/ΤΟΠΥΝΣ/126463/28.12.2011 (Governm Gazette Issue 3046/B/30.12.2011) as it was amended by Joint Ministerial Decision with Reference Num ΥΠΠΟΤ/ΔΟΕΠΥ/ΤΟΠΥΝΣ/12569/07.02.2012 (Government Gazette Issue 648/B/07.03.2012) and the Ministe Decision with Reference Number 436630/18.09.2023 (Government Gazette Issue 5591/B/21.09.2023).

DATE:	

DETAILS OF ENTITY ON BEHALF OF WHICH THE APPLICATION IS SUBMITTED	
Name:	
Postal Address:	
Telephone/FAX:	
Email:	
ENTITY CATEGORY	
Governmental Entity/Public Sector:	☐
Local/Regional Authority:	☐

[1] Please fill in the title of the Ministry Service the application is addressed to

Non-profit Scientific, Cultural and Educational Institution:	☐
Production Company:	☐
Tourist Office:	☐
Advertising Company:	☐
Individual:	☐
Other (please describe):	

APPLICANT DETAILS	
Full Name:	
Profession/Capacity:	
Postal Address:	
Telephone/FAX:	
Email:	

PRODUCER/APPOINTED PRODUCER DETAILS	
Trade Name:	
Postal Address:	
Telephone/FAX:	
Email:	

FILM DETAILS	
Film Title:	
Filming Purpose:	
Filming Duration:	

Brief Content Description:

FILM USE		
Film of cultural, scientific, educational, informative content (documentary)	☐	
Fiction	☐	Featuring person(s) ☐
		Not featuring person(s) ☐
Commercial	☐	Featuring person(s) ☐
		Not featuring person(s) ☐
Aerial Filming	☐	
	With Drone use☐	
	Without Drone use☐	
	Please indicate positions where a Drone will be used:	
Underwater Filming	☐	
Filming of an event in a site permitted by the Ministry	Yes☐	No☐
	Please specify event:	
Other Use	Please specify:	

SPECIFIC DETAILS

Crew Members:		
Ministry Services from which you have asked or intend to ask for permission to film for the same film – production:		
Use of the filmed material in other digital products (electronic guides, the internet, electronic publications etc.):	Yes☐	No☐
	Please specify:	
Equipment Description:		
Please describe set interventions:		

DETAILED TABLE OF FILMING		
Competent Service	**Museum**	**Filming Duration**
1.		
2.		
3.		

Competent Service	**Individual Monument**	**Filming Duration**
1.		
2.		
3.		

Competent Service	Archaeological Site	Filming Duration
1.		
2.		
3.		

ATTACHMENTS(required)	
☐	Full list of museums/monuments/sites
☐	Written authorization in the case where the application is not signed by the film producer but his/her authorized representative instead
☐	A copy of the scenario
☐	List and description of technological equipment
☐	List of crew members
☐	For fiction films: Certification from the Greek Film Centre
☐	For fiction films where sets are used: description of sets

DECLARATION

I, the undersigned, declare that

1. Any filming will be carried out according to the terms and conditions of the permit granted, as those will be determined by the competent Services. In the case of any modification or alteration a new permit is required.
2. The filmed material will be used exclusively for the production of the film or the use/purpose declared in this application. Should the filmed material be used in electronic format or the internet, the relevant application form will be completed for the granting of permission.
3. The requested days of filming include those necessary for the preparation of the filming area.
4. Prior to filming all user fees due to the Archaeological Receipts Fund will be deposited in the name of the HELLENIC ORGANISATION OF CULTURAL RESOURCES DEVELOPMENT (H.O.C.RE.D) in the Bank of Greece:

Beneficiary Bank Name: BANK OF GREECE

Beneficiary Account: No 267864
Beneficiary Account Name: HELLENIC ORGANISATION OF CULTURAL RESOURCES DEVELOPMENT (H.O.C.RE.D).
Bank Swift Code: BN GR GR AA
IBAN: GR22 0100 0240 0000 0000 0267 864
Justification of payment: “Official Decision Number- Company name”.

or in the Alpha Bank:
Beneficiary Bank Name: Alpha Bank
Beneficiary Account Name: HELLENIC ORGANISATION OF CULTURAL RESOURCES DEVELOPMENT (H.O.C.RE.D).
Bank Swift Code: GR BA GR AA
IBAN: GR86 0140 8020 8020 0200 1000 382
Justification of payment: “Official Decision Number- Company name”.

5. The proof of payment should be sent by the interested to the following electronic addresses of H.O.C.RE.D: atpap@tap.gr and teli@tap.gr as well as to the competent Regional/Special Regional Service of the Ministry of Culture that issues the approval decision, so that it can be confirmed the payment and to allow access to the archaeological site/museum/monument. In the event that the fees concern the publications sector, the receipt should also be communicated to the relevant publications department of H.O.C.RE.D (ekdoseis@tap.gr).
6. The interested is required to show proof of payment of the relevant fees to the competent Regional/Special Regional Service, on the first day of use of the space.
7. All information contained in this application form is true and accurate.

_____
(Full name)

_____
(Signature)