

**Affidavit
(Exemption for Non-Canadian/Non-Coproducing Courtesy Credit)**

I, the undersigned,

_____ Full name of the deponent

domiciled and residing in

_____ City, Province

DO SOLEMNLY DECLARE, that

1. As a representative of _____ (“Company”) whose office is situated in the city of _____, and which;
- a) Arranged or has been hired by _____ to arrange
 financing and/or distribution, and/or
- b) Provided or will provide services to the production
- under the direct supervision and control of _____, the official coproducer (the “Producer”), for the production entitled:

_____ (the “Production”)

2. I was/will be present on the set during shooting as an observer for _____ days which represents no more than 25 percent of principal photography;
3. The Producer has agreed to use the best endeavours to have accorded to me a(n) _____ (e.g. Executive Producer, etc.) courtesy credit;
4. Neither I nor the Company, will exercise any administrative or creative function (other than performing in the Production itself, if applicable) before, during or after the Production nor issue any instruction to any writer, actor, director or crew member, except under the specific direction or with the approval of the Producer;
5. I have not nor will not assume any responsibility for the expenditure of any production money, nor order any goods or services of any kind, in connection with the Production;
6. I have not nor will not negotiate with anyone nor represent the Producer or the Production, in any way at all, except to arrange the foreign distribution or financing, or to provide services to the Production, under the strict supervision and control of the Producer;
7. I have not received/will not receive any payment from the Canadian producer or the coproducer(s) in connection with my _____ (e.g. Executive Producer) services.

AND I HAVE SIGNED

In _____ City _____ Province/State _____ Country
This _____ of _____
Day Month / year Signature of deponent

SWORN OR AFFIRMED before me

In _____ City _____ Province/State _____ Country
This _____ of _____
Day Month / year

Signature of Commissioner of Oaths or Notary

Please print Name

N.B. This document must be sworn before a Commissioner for taking Oaths or a Notary. Please ensure that all insertions are legible.