Undertaking
(on Letterhead of the company)

With reference to the application for grant of permission for shooting of films in Bihar, I/We hereby give the following undertaking:

1. Shooting of the project shall be done on locations of Bihar, after obtaining all requisite permissions, in accordance with the script, enclosed with the application form.
2. I/We note that in the case of assistance to be obtained from other Departments such as ASI, Railways, Civil Aviation etc. separate agreements as stipulated are required to be signed with them.
3. I/We shall shoot the film under intimation to Liaison Officer/Liaison agency/Nodal Officer wherever attached to the team by Film Facilitation Cell, Bihar State Film Development and Finance Corporation Limited.
4. I/We accept that the shooting will be performed following all the rules & regulations of concerning departments.
5. I/We acknowledge that the mentioned location/s will not be portrayed in terms that it will defame the state/location.
6. I/We declare that I/We shall be personally held liable in case of any damage to public property during the shooting and liable for penalty in case of violation of any clause mentioned in the terms & Conditions of the department/authority.
7. I/We further undertake to restore the property back to its original condition after the shooting and will be personally.
8. I/We declare that I/We have not concealed any information which will make me ineligible for getting permission for film shooting.
9. I/We agree to acknowledge Nodal Department-Art, Culture and Youth, Bihar, Film Facilitation Cell- Bihar State Film Development and Finance Corporation Limited along with its logo and Govt. of Bihar in the credits of the film nationally and internationally.
10. I/We hereby declare that we have deposited full location fees and security amount to the concerning department/authority as per Bank details provided separately.
11. I/We hereby declare that the information in this form is correct and true to my/our knowledge.

Name & Signature of Authorized
Person
Place:
Date and Seal: