



## RELATED PARTY TRANSACTION FORM AND INTERNAL COSTS CHARGED TO THE PROJECT

Title of project: \_\_\_\_\_

CMF File No.: \_\_\_\_\_

**Applicant Production Company:** \_\_\_\_\_

Fiscal Year of Application: \_\_\_\_\_

CMF Application Program:

## CONVERGENT STREAM

## EXPERIMENTAL STREAM

## ALL PROGRAMS

*List ALL Related Party costs estimated at Phase I and all actual costs at Phase II/Final Cost.  
A separate Related Party Transactions Form must be completed for each Television and Digital Media Component(s).  
If more space is needed, please use page 2.*

PHASE I (The section PHASE I must be completed at the time of application.)						FINAL COST (At final cost, please use the same form submitted at Phase I and complete the Final Cost Section.)	
NAME OF RELATED PARTY OR INDIVIDUAL (Please name individuals for any labour categories)	RELATED PARTY REFERENCE NUMBER*	MEASURE-MENT BASIS (Actual Flow-Through Cost or Fair Value)	BUDGET ACCOUNT	DESCRIPTION OF BUDGET ACCOUNT	PHASE I BUDGET AMOUNT (\$)	PHASE II FINAL COST AMOUNT (\$)	VARIANCE EXPLANATION
TOTAL							

[illegible]

PLEASE CONSULT SECTION 2.1 OF APPENDIX B FOR RELATED PARTIES DEFINITIONS, EXPLANATIONS AND EXAMPLES.

*Refer to the legend below to identify what type of related party transaction you are listing.	
LEGEND	
REFERENCE TABLE FOR TYPES OF RELATED PARTIES	REFERENCE NUMBER
Parent or Applicant Company	1
Subsidiary	2
Companies under common control	3
Shareholders of Parent Company	4
Shareholders of Subsidiary	5
Members of close family (please see ARR for definitions of “close family”)	6
Management and/or employees of Parent Company	7
Management and/or employees of Subsidiary	8
Broadcaster affiliated to the Applicant (excluding Broadcaster’s services)	9
Significant Influence	10

I certify that all the information provided is accurate and complete and that there is no omission of important information.

Signature: \_\_\_\_\_  
I am duly authorized

Name: \_\_\_\_\_  
Please print

Title: \_\_\_\_\_

Date : \_\_\_\_\_  
(YYYY/MM/DD)

Signature: \_\_\_\_\_  
I am duly authorized

Name: \_\_\_\_\_  
Please print

Title: \_\_\_\_\_

Date: \_\_\_\_\_  
(YYYY/MM/DD)