



# CONSULATE GENERAL OF BANGLADESH

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## FF-II :Contract Form for Journalist (J) Visa

PLEASE FILL IN OR TYPE IN BLOCK LETTERS.

### Declaration

- (1) I/We hereby declare that the information/particulars given by us in the application form (FF-I) are true;
- (2) I/We also undertake to abide by all the existing rules, regulations, procedures and practices now in force, and/or may be in force during our stay in Bangladesh in respect of shooting to produce video/TV/film/documentary by foreign network/ organization.
- (3) I/We also hereby declare that no shots will be taken or later incorporated from other sources which may appear to the authorities as prejudicial to the national image of the country or may hurt the sentiments of the people of the country.
- (4) I/We understand, on arrival in Dhaka we will be briefed by Director General (EP) and one/two officers of the concerned departments will extend professional assistance as and when necessary.
- (5) I/We agree to submit the negatives of the proposed film, after shooting is completed, to the concerned authorities for preview at our expenses, if any, and not send the negatives/films abroad before such preview takes place, and permission to send abroad is obtained.
- (6) i/We agree to send two copies of the edited films in VHS videocassette to External Publicity (EP) Wing through this mission/ local sponsor.
- (7) If I/we violate any clause of this contract or rules, regulation, procedures and practices in respect of shooting, the concerned Bangladesh authorities may draw proceedings against me/us in a Bangladesh court.

Date

\_\_\_\_\_ (DD-MMM-YYYY)

Signature (s) with name (s)

### Witnesses

#### Address and Contact Details of the First Witness

Name \_\_\_\_\_

Street \_\_\_\_\_

House/Apt # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

#### Address and Contact Details of the Second Witness

Name \_\_\_\_\_

Street \_\_\_\_\_

House/Apt # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Signature

Signature

Date

\_\_\_\_\_ (DD-MMM-YYYY)

Date

\_\_\_\_\_ (DD-MMM-YYYY)