



HELLENIC REPUBLIC
MINISTRY OF CULTURE

TO:
EPHORATE OF ANTIQUITIES OF
ATHENS CITY
efaath@culture.gr

A P P L I C A T I O N F O R M

FOR PERMISSION TO PHOTOGRAPH
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, the Joint Ministerial Decision with Reference Number ΥΠΠΟΤ/ΔΟΕΠΥ/ΤΟΠΥΝΣ/126463/28.12.2011 (Government Gazette Issue 3046/B/30.12.2011) as it was amended by Joint Ministerial Decision with Reference Number ΥΠΠΟΤ/ΔΟΕΠΥ/ΤΟΠΥΝΣ/12569/07.02.2012 (Government Gazette Issue 648/B/07.03.2012) and the Ministerial Decision with Reference Number 436630/18.09.2023 (Government Gazette Issue 5591/B/21.09.2023).

DATE:

APPLICANT DETAILS

Full Name:

Profession/Capacity:

Postal Address:

Telephone/FAX:

Email:

APPLICANT CATEGORY	
Governmental Entity/Public Sector:	<input type="checkbox"/>
EU Governmental Educational Entity:	<input type="checkbox"/>
Scientific or Non-profit Cultural and Educational Institution:	<input type="checkbox"/>
Publishing House:	<input type="checkbox"/>
Tourist Office:	<input type="checkbox"/>
Advertising Company:	<input type="checkbox"/>
Individual:	<input type="checkbox"/>
Other (please describe):	

PUBLISHER DETAILS	
Trade Name:	
Postal Address:	
Telephone/FAX:	
Email:	

PHOTOGRAPH USE	
The photograph(s) will be used in/for:	
I. HARD COPY	
A. Printed edition of wide circulation (encyclopaedia-dictionary, archaeological-tourist guide, art book, historical-archaeological book, educational book, journal etc.)	<input type="checkbox"/>
B. Scientific publications of up to 3000 copies	<input type="checkbox"/>

C. Album	<input type="checkbox"/>
D. Cards, posters, magnets	<input type="checkbox"/>
E. Calendars, brochures, electronic photo albums	<input type="checkbox"/>
F. CD/DVD/Record Covers etc.	<input type="checkbox"/>
G. Commercial-advertising purpose (brand, label, fabric print, media commercial etc.)	<input type="checkbox"/>
II. ELECTRONIC PUBLICATION OF ANY KIND	<input type="checkbox"/> Please specify:
III. OTHER PURPOSE	<input type="checkbox"/> Please specify:

PUBLICATION DETAILS	
Title of publication and author:	
Brief content description:	
Number of copies:	
Country of publication:	
Language of publication:	
Additional languages of publication:	
First publication:	<input type="checkbox"/>

Republication:	<input type="checkbox"/> Please attach the relevant Ministry/ H.O.C.RE.D permit
Country/Countries of distribution:	

PHOTOGRAPHY DETAILS	
I. NOT FEATURING PERSONS	
A. ARCHAEOLOGICAL SITES Please indicate the total number of archaeological sites to be photographed, as defined in the statement attached in this application form. Number: Duration (in days):	
B. MUSEUMS-ARCHAEOLOGICAL COLLECTIONS Please indicate the total number of objects to be photographed, as defined in the statement attached in this application form. Number: Duration (in days):	
1. With the moving of objects /opening of display cases	<input type="checkbox"/>
- Object compositions	<input type="checkbox"/> Number..... Please specify:
- With socket outlet and plug	<input type="checkbox"/> Number.....
- Without socket outlet and plug	<input type="checkbox"/> Number.....
2. Without the moving of objects /opening of	<input type="checkbox"/>

display cases	
-With socket outlet and plug	<input type="checkbox"/> Number.....
- Without socket outlet and plug	<input type="checkbox"/> Number.....
<p>C. GENERAL SHOTS: General shots of individual monuments in archaeological sites as well as in the interior or courtyard of museums and archaeological collections without focus on individual objects.</p> <p>Number:</p> <p>Duration (in days):</p>	

II. FEATURING PERSONS IN ARCHAEOLOGICAL SITES, MONUMENTS, MUSEUMS FOR COMMERCIAL-ADVERTISING PURPOSES

Please describe purposes in detail:

Duration (in days):

III. AERIAL PHOTOGRAPHY OF MONUMENTS AND ARCHAEOLOGICAL SITES

Please describe purposes in detail:

Duration (in days):

IV. UNDERWATER PHOTOGRAPHY

Please describe purposes in detail:

Duration (in days):

DETAILED TABLE OF PHOTOGRAPHY

Competent Service	Museum Object
1.	
2.	
3.	

Competent Service	Individual Monument
1.	
2.	
3.	

Competent Service	Archaeological Site
1.	
2.	
3.	

Competent Service	Interior/courtyard of museums/archaeological collections
1.	

2.	
3.	

DECLARATION

I, the undersigned, declare that

1. Images will be used exclusively for the purpose requested according to the terms and conditions of the permit granted, as those will be determined by the competent Service. In the case of any modification or alteration a new permit is required.
2. Prior to photography 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".

3. 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 тели@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).
4. 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.

5. All information contained in this application form is true and accurate.

(Full Name)

(Signature)