



**Media Accreditation Application Form**

**A. Type of Accreditation Required**

- **Please tick a box for your category**

TV			Photographer		Others (please specify)
HB <input type="checkbox"/>	RTV <input type="checkbox"/>	NRH <input type="checkbox"/>	Official <input type="checkbox"/> Photographer	General <input type="checkbox"/>	

Written Press				Radio	
Newspaper <input type="checkbox"/>	Magazine <input type="checkbox"/>	Website <input type="checkbox"/> & freelance	Agency <input type="checkbox"/>	Right <input type="checkbox"/> Holders	Non <input type="checkbox"/> Right Holders

**B. Personal Information**

Surname		First Name	
Gender M <input type="checkbox"/> F <input type="checkbox"/>	Passport/ID No		
	Passport Expiry (dd/mm/yy)		
Nationality		E-mail	
Name of Organization			
Website URL (Organization)			
Supervisor in your organization			
Country (Organization)		Preferred Language	
Tel		Fax	
Mobile (local)		Mobile (int'l)	

**C. Authentication**

Date	Signature
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OFFICIAL USE

Signature of Media Officer