

PRESS ACCREDITATION FORM – (LOCAL)

DEPARTMENT OF GOVERNMENT INFORMATION – 2016

1. Full Name (Mr./Mrs./Miss) : _____

2. Preferred Name on Accreditation Card: _____
3. Nationality : _____
4. Name of the Organization : _____
5. Name of the Media (TV/ Radio/ Newspaper/Magazine/Web..ect) :
: _____
6. i. Job Title/Post : _____
ii. Nature of the job : _____
iii. Date of Appointment : _____
In the Present Post
7. Previous Accreditation No & Year : _____
(If any)
8. i. Address

Office	Residence
_____	_____
_____	_____
_____	_____

ii. Telephone No _____
iii. Cellular No _____
iv. Fax No _____
v. E-mail _____
vi. Web Site _____
9. i. National Identity Card No. : _____
ii. Office ID No : _____
(Please attach a certified copy)
10. Date of Birth : Year-----Month-----Date-----

Editor's Signature and Rubber Stamp
Date : _____

Signature of Applicant
Date : _____

Two stamp
size
photographs

This application should accompany a letter of request from the Head of Organization

For Office Use Only

Recommended by :

Approved by :

DGI

Acc. Card No.

LJ :