

PRESS ACCREDITATION FORM – (LOCAL)

DEPARTMENT OF GOVERNMENT INFORMATION – 2018

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. Previous National Identity Card No. (if changed) :-----
iii. 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 : ----- | <p>1'' x 1 1/2'' size of 2 Photographs</p> |
|---------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|

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 : |