

PRESS ACCREDITATION FORM – (LOCAL)

DEPARTMENT OF GOVERNMENT INFORMATION – 2017

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 :.....