

SERIAL NO.
APPLICATION FOR PRESS ACCREDITATION
(FOREIGN CORRESPONDENTS)

FILL IN BLOCK LETTERS

SURNAME -----
FULL NAME -----
OTHER NAMES (IF ANY) -----
AGE -----(b) DATE OF BIRTH -----
PLACE OF BIRTH -----
NATIONALITY -----
PREVIOUS NATIONALITY (IF ANY) -----
PASSPORT NO-----
PASSPORT EXPIRY DATE -----
ADDRESS IN GHANA -----
-----TEL NO-----
PERMANENT ADDRESS -----
PURPOSE OF VISIT -----
DURATION OD STAY -----(a) NO. OF DAYS -----
----- (b) FROM ----- TO -----
MODE OF TRAVEL TO GHANA -----
MODE OF TRAVEL FROM GHANA -----
ENTRY POINT INTO GHANA -----
EXIT POINT FROM GHANA -----
DESTINATION ADDRESS -----
DETAILS OF PRESS CARDS (a) ORGANIZATION -----
----- (b) DATE OF ISSUE -----
----- (c) CARD NUMBER -----

(TO BE ACCOMPANIED BY THREE PASSPORT SIZE PHOTOGRAPHS)

PRESENT EMPLOYERS/ORGANISATION -----

PREVIOUS EMPLOYERS/ORGANISATION -----

WORKING TITLE OF NEWS ARTICLES (S) AUDIOVISUAL PRODUCTION
FOR WHICH YOU ARE VISITING GHANA

WHICH GHANAIAN GOVERNMENT OFFICIAL/PRIVATE CITIZEN (S) DO
YOU PLAN TO INTERVIEW ?

WHICH GHANAIAN JOURNALIST/PARTNERS WILL YOU BE WORKING
WITH ?

WHICH GHANAIAN CITIES /TOWNS DO YOU EXPECT TO VISIT ?

NAME /ADDRESS/PHONE/FAX OF EDITOR TO WHOM YOUR WORK WILL
BE SUBMITTED-----

LIST YOUR EQUIPMENT AND THEIR SERIAL NOS. FOR IDENTIFICATION
(IN CASE OF LOSS/MISPLACEMENT)

DATE OF APPLICATION

SIGNATURE OF APPLICANT

NAME OF RECEIVING OFFICER

SIGNATURE OF RECEIVING OFFICER

FOR OFFICIAL USE ONLY

MISSION'S RECOMMENDATIONS:

REMARKS/APPLICATION ACCEPTED/REJECTED

