

APPLICATION FOR PRESS ACCREDITATION

(FOREIGN CORRESPONDENTS)

Please complete form in block letters:

1. Surname:.....
2. First/Middle names:.....
3. Other names (if any):.....
4. Age:.....(b) Date of Birth
5. Place of Birth:.....
6. Nationality:.....
7. Previous Nationality (if any).....
8. Passport Number:.....
9. Passport Expiry Date:.....
10. Address in Ghana:.....
11. Tel. No.:.....
12. In the event of change of address in Ghana, please notify the Director of Information services in Accra. Tel.: 228011 Ext. 149, 222-483 (Direct) Fax No. 222-483 (Direct)
13. Permanent Address:.....
14. Purpose of visit:.....
15. Duration of visit:.....(a) No. of Days:.....(b) From:..... To:.....
16. Mode of travel to Ghana:.....
17. Mode of travel from Ghana:.....
18. Entry point from Ghana:.....
19. Details of Press Cards :
 - a. (a) Organization:.....
 - b. (b) Date of issue:.....
 - c. (c) Card Number:.....
20. Present Employers:.....
21. Previous Employer:.....
22. Have you ever visited Ghana (if so when, give details or Dates, Places Visited, Interviews)
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23. Residential Address of previous visits:.....
24. Country visited in Africa:.....
25. Other Countries visited:.....

26. In which publications/Programmes have your articles/pictures etc. been published?

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27. Have you had any problems with Authorities in any country have you visited?

(if yes, give details).....

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28. List your equipment and their serial Nos. for Identification (In case of Loss/Misplacement)

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29. Date:

30. Date:

.....

31. Signature of Applicant:

32. Signature of Receiving Officer

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FOR OFFICIAL USE ONLY

Mission's Recommendations.....

Remarks: Accepted Rejected