

APPLICATION FOR PRESS ACCREDITATION (FOREIGN CORRESPONDENTS)

Please complete form in block letters:

1. Surname:.....
2. First/Middlenames:.....
3. Other names (if any):.....
4. Age :.....(b) Date of Birth.....
5. Place ofBirth:.....
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:.....
 - (c)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).....

23. Residential Address of previous visits:.....

24. Country visited in Africa:.....

25. Other Countries visited:.....

26. In which publications/Programs 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).....

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

30. Date:

31. Signature of Applicant:

32. Signature of Receiving Officer.....

FOR OFFICIAL USE ONLY Mission's
Recommendations.....