APPLICATION FOR PRESS ACCREDITATION (FOREIGN CORRESPONDENTS)

FILL IN BLOCK CAPITALS

SERIAL NO

A.	1.	SURNAME					
	2.	FULL NAME					
	3.	OTHER NAMES (ALLIASES).					
	4.	PREVIOUS NAMES (IF ANY).					
	5.	AGE(6) DATE OF BIRTH					
	7.	PLACE OF BIRTH.					
	8.	NATIONALITY					
	9.	PREVIOUS NATIONALITY (IF ANY)					
	10.	. PASSPORT NO (11) EXPIRY DATE					
	12.						
	13.	PERMANENT ADDRESS					
		TEL. NO.					
	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 INTO GHANA					
	19.	EXIT POINT FROM GHANA					
	20.	DESTINATION ADDRESS.					
	21.	DETAILS OF PRESS CARD (a) ORGANIZATION					
		(b) DATE OF ISSUE					
		(c) CARD NUMBER					

B.	1.	PRESENT EMPLOYERS/ORGANISATION
	2.	PREVIOUS EMPLOYERS/ORGANISATION
	3.	HAVE YOU EVER VISITED GHANA? (IF SO GIVE DETAILS OF
		DATES PLACES VISITED, INTERVIEWS)
	4.	RESIDENTIAL ADDRESS OF PREVIOUS VISITS.
	5.	COUNTRIES VISITED IN AFRICA
	6.	OTHER COUNTRIES VISITED
	7.	IN WHICH PUBLICATION/PROGRAMME WILL YOUR WORK IN GHANA APPEAR?
	8.	IN WHICH PUBLICATION/PROGRAMME WILL YOUR ARTICLE/
		PICTURES ETC. BEEN PUBLISHED?
	9.	HAVE YOU HAD ANY PROBLEMS WITH AUTHORITIES IN ANY COUNTRY YOU HAVE VISITED? (IF SO GIVE DETAILS

	DATE OF APPLICATION	12.	SIGNATURE OF APPLICANT
	DATE OF ATTEICATION	1,2,	SIGNATURE OF AFTERANT
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	NAME OF RECEIVING OFFICER	14.	SIGNATURE OF RECEIVING OFFICER
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V	MARKS: APPLICATION ACCEPTE	ED/RI	EJECTED:
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