

## Republic of Zambia

10m J402 10/76 S

## APPLICATION FOR PRESS ACCREDITATION FOR CORRESPONDENTS AND CAMERAMEN

PART I – THREE COPIES TO BE FILLED IN BY APPLICANT (THREE PASSPORT PHOTOGRAPHS TO BE SENT WITH COMPLETED FORMS)

1. Full Name (BLOCK LETT	ERS)	
2. Business Address in your c	ountry	
	Telephone No	
e-mail		
3. Residential Address in yo	ur country	
	Telephone No	
4. Residential Address in Zam	bia	
	Telephone No	
5. Date and Place of Birth		
6. Passport No		
8. Visa (a) No	(b) Issued by Zambian Mission in	
(c) Dated	(d) Valid until	
9. Name and full address of or	ganisation/s you represent:	
(a) Full time		
12. Is this your first visit to Za	mbia? Yes ( ) No ( )	
13. If not, please provide detail	ils of previous visits to Zambia including dates	
14. Date of arrival in Zambia.		
15. Expected date of departure	D	
16. Date	Signature of applicant	
PART II – TO B	E COMPLETED BY EDITOR-IN-CHIEF OR HEAD OF DEPARTMENT	
I,		rs
as	employed by	
Date	Signature	
	Title	•••
	FOR OFFICIAL USE ONLY	
Approved by	Title	
Card No	Date	

NB- Applicants will be required to surrender the previous years Press Card when collecting a new card. If a change of employer takes place during the validity of the card, it is necessary to apply for a new card valid for the new employer. Any Pressman found using an invalid Press card will forfeit the privilege of accreditation. The Deputy Director must be notified in writing of any loss or damage to cards.