REPUBLIC OF BOTSWANA

OFFICE OF THE PRESIDENT

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APPLICATION FOR PRESS ACCREDITATION

This application must be submitted with a letter of assignment and copies of the passport and the press card

(PLEASE WRITE CLEARLY IN CAPITAL LETTERS)

Surname……First Names……..

Date and Place of Birth……

Nationality……..

Passport Number……..Date of Expiry…….

Telephone: …….Mobile phone: ……..

Fax: ……E-mail: …….

Media name you will be representing:
……..

Editors Name: ……

Fax……Email address…….

Reason for Accreditation

……

Type of media:

ϒ Daily newspaper
ϒ Monthly publication
ϒ Press Agency
ϒ Online
 Weekly publication
 Radio
 Television
 Other (specify): ……

Your Post:

ϒ Correspondent
ϒ Bureau Chief
ϒ Cameraperson
ϒ Other (specify): ……
 Editor
 Photographer
 Technician

Signature: …… Date (dd.mm.yyyy): ……

FOR OFFICIAL PURPOSES

Name of Issuer…… **Signature …….**

Date…….. **Official Stamp**

Signature: …… **Date (dd.mm.yyyy): ……**