

SERIAL N°

APPLICATION FOR PRESS ACCREDITATION

(FOREIGN CORRESPONDENTS)

FILL IN BLOCK LETTERS

1. SURNAME:.....
2. FULL NAME:.....
3. OTHER NAMES (IF ANY):.....
4. AGE: DATE OF BIRTH:.....
5. PLACE OF BIRTH:.....
6. NATIONALITY:.....
7. PREVIOUS NATIONALITY (IF ANY):.....
8. PASSPORT N°.:.....
9. PASSPORT EXPIRY DATE:.....
10. ADDRESS IN GHANA:
.....
- TEL. N°:.....
11. IN THE EVENT OF CHANGE OF ADDRESS IN GHANA, PLEASE NOTIFY THE
DIRECTOR OF INFORMATION SERVICES IN ACCRA. TEL: +233 302 228011 EXT.
149, AND +233 302 222483 (DIRECT)
12. PERMANENT ADDRESS:.....
.....
13. PURPOSE OF VISIT:.....
14. DURATION OF STAY (A) N° OF DAYS:.....
(B) FROM:.....
15. MODE OF TRAVEL TO GHANA:.....
16. MODE OF TRAVEL FROM GHANA:.....
17. ENTRY POINT FROM GHANA:.....
18. EXIT POINT FROM GHANA:.....

