

**MEDIA APPLICATION AND ACCREDITATION FORMS**

African Caucus meeting, Gaborone, Botswana, August 2017

FAMILY NAME (DR/MR/MRS/MS): .....

FIRST NAME (S) : .....

NATIONALITY:.....

SEX (M/F): .....

JOB TITLE: .....

MEDIA ORGANISATION: .....

PASSPORT NO: .....

.  
PROFESSIONAL CARD NO: .....

CONTACT ADDRESS: .....

TELEPHONE NOs: .....

FAX:.....

EMAIL:.....

DATE/TIME OF ARRIVAL:.....

FLIGHT NO.:.....

Tick as appropriate in the boxes below duties that will be performed in Gaborone,  
Botswana:

1	Journalist	
2	Video Camera Person	
3	Photographer	
4	Technician	
5	Other-Specify	

Signature of Applicant .....

Date.....



**Republic of Botswana**  
OFFICE OF THE PRESIDENT

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Email: [op-pr-office@gov.bw](mailto:op-pr-office@gov.bw)

**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.....

**Type of media:**

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

.....

**Your Post:**

- Correspondent
- Bureau Chief
- Cameraperson
- 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):** .....