



APPLICATION FOR PRESS ACCREDITATION (FOREIGN CORRESPONDENTS)

Please complete form in block letters:

1. Surname:.....
2. First/Middle names:.....
3. Other names (if any):.....
4. Age:.....(b) Date of Birth:.....
5. Place of Birth:.....
6. Nationality:.....
7. Previous Nationality (if any).....
8. Passport Number:.....
9. Passport Expiry Date:.....
10. Address in Ghana:.....Tel. No.:.....
11. In the event of change of address in Ghana, please notify the Director of
Information services in Accra. Tel.: 228011 Ext. 149, 222-483 (Direct) Fax No.
222-483 (Direct)
12. Permanent Address:.....
13. Purpose of visit:.....
14. Duration of visit: (a) No. of Days:.....(b) From:.....To:.....
15. Mode of travel to Ghana:.....
16. Mode of travel from Ghana:.....
17. Entry point from Ghana:.....

18. Details of Press Cards : (a) Organisation:.....
- (b) Date of issue:.....
- (c) Card Number:.....
19. Present Employers:.....
20. Previous Employer:.....
21. Have you ever visited Ghana (if so when, give details or Dates, Places Visited, Interviews)
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.....
22. Residential Address of previous visits:.....
23. Country visited in Africa:.....
24. Other Countries visited:.....
25. In which publications/Programmes have your articles/pictures etc. been published?
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26. Have you had any problems with Authorities in any country have you visited? (if yes, give details).....
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27. List your equipment and their serial Nos. for Identification (In case of Loss/Misplacement).....
28. Date:.....
29. Signature of Applicant:.....
30. Signature of Receiving Officer:.....
31. Signature of Receiving Officer:.....

FOR OFFICIAL USE ONLY
Mission's

Recommendations.....
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Remarks: ☐ Accepted ☐ Rejected