



NOVEMBER, 2019
DAR ES SALAAM, TANZANIA
MEDIA ACCREDITATION FORM
(Please type or print in block capitals)

Please enter your
passport size

Title: Family Name: First Names:

Date of Birth: Nationality:
Passport Number:

Name and Address of Organization
Contact Address
P.O BOX:.....
Cellular Tel:
Press Card (Or equivalent ID) number and issuer:.....
Tel:
Fax:..... Email:.....

Type of News Organization (please indicate \sqrt)
Newspaper (), Magazine (), TV (), Wire Service (), Radio (), Photo Agency ()
Function Correspondent (), Radio Reporter (), Photographer (), TV Camera person () TV
Reporter (), Technician (), other (please specify)...

I, here by confirm that the information disclosed here is correct

APPLICANT DATE PLACE

NB: Please include an original letter of authorization from your editor or producer on your organization's stationery. Your application will not be processed without this.

FOR OFFICIAL USE ONLY

Letter from editor attached to request Y / N

Proof of journalist status provided Y / N

MEDIA LIAISON

OFFICER:.....DATE:.....

.....

Send to: Department of PR and Media of 361 Africa

Ms. Nzonesta Samson

P.O.BOX 10684,

Email: media@swahilifashionweek.com

Dar es Salaam-Tanzania.