

MINISTRY OF INFORMATION, YOUTH, CULTURE AND SPORTS
TANZANIA INFORMATION SERVICES



P.O. BOX 9142
Tel. No. 2122771/3
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Serial No.....

APPLICATION FOR MEDIA ACCREDITATION

(To be filled in block letters implicate Attach 3 identical size photographs)

PART: A

1. Surname First Names
2. Date of birth: Place of birth Country
3. Present Nationality:
4. Passport No. Date and place of issue.....
5. Media Represented:
6. Position/work in the Media represented:
7. Address of Media Represented:
8. Professional Qualifications in Journalism (Cert./dip/degree etc)
9. From Institute College Year Graduated
10. Address(es) of the Institute(s) studied
(Attach Photocopies of academic certificate(s) and or transcript(s))
11. Experience in Journalist (total years) From to
12. Name and address of the previous Organisation(s) you have worked for
.....
13. Professional qualifications (other than Journalism)
14. Resident Address (House No. Street, Area, District)
Date Signature

PART B

(To be completed by Editor of Organisation)

I (Name) Title
Have known the applicant for years/months as
Employed by
I recommend that he/she deserves/does not deserve to be accredited.

Date Signature Title

(Please puts official stamp)

PART C

(for official use only)

.....
Date Signature Title