

Approved by

Attach two colored 2x2 ID photo w/ white background

2023 PRESS ACCREDITATION FORM

FOREIGN MEDIA	FOCAP VISITING JOURNALIST REN	NEWAL 2022 IPC #	# Dat	e of application :
PERSONAL DAT	ΓΔ			
	<u> </u>	Diath Data	Con	dor
Name		Birth Date	Gen	
			I L_	Male Female
Birth Place	Citizenship Status			
	Single	Separated/Divorc	ed Married, Spor	use name
Mobile Phone No.	E-mail Address: De	Designation/Position in agency(indicate if freelance)		
Hoight (ft/m) Waigh	at (lb/ls) Hama/Hatal Address in the Dhi	linnings		
Height (ft/m) Weigh	nt (lb/k) Home/Hotel Address in the Phi	iippines		
Passport No.	Issued at Issued on	Expiry date V	/isa No./Status	Length of stay
•	1 1 1			,
	_''		· · · · · · · · · · · · · · · · · · ·	'
Expected places to vi	sit in the Philippines:			
COMPANY DETA Media Agency	A <i>ILS</i> Name of Head of Office 	e Des	signation/Position in	n agency (indicate if freelance)
Office Address			Tolophone No.	Eav No.
Office Address		I	Telephone No.	Fax No.
Please check type of	media organization you represent			
□ Newspaper	☐ Magazine ☐ Radio		□ Documer	ntary
□ News Agency □ Television □ Photo		_		
• •		-		
In case of freelance jo list Media entities you	ournalist and correspondent who submit sto are a frequent contributor.	ries or photograp	hs to more than one	e publication, please
Contact person in cas	se you are out of town	Mobile/Telephone No		
ACCREDITATION	DECUMPENTO	ADDITIONAL	DECLUDEMENTO	FOR NEW ARRIVANT
ACCREDITATION	REQUIREMENTS	ADDITIONAL REQUIREMENTS FOR NEW APPLICANT		
1. Accreditation forms		AND FREELA		ala al mad la tamilla an Omina
	om respective agencies	 5 bylined photos/articles (published not later than 3 mos.) Five (5) consecutive issues of newspaper or magazine 		
	I pictures with white background		(for news publications not later than 3 mos.)	
	employment (for local hire)	,		,
5. Photo copy of pass				
6. Letter / Endorseme	nt from the country embassy in Philippines			
7. Health Declaration	Form			
Note:		I hereby cei	rtify all above inform	nation are true and correct
	o months after approval will no longer be		, 42010 11110111	
Bearer of this ID must comply with all health and safety protocols on all coverages.		Signature of applicant		
This port to be a	had by paraditation officer		——————————————————————————————————————	
	hed by accreditation officer .	□ Media	□ Media Ser	vices
Recommended Approval	·	2023- Control	Number :	
Noted by	:	Date Issued	: <u></u>	

Expiry Date