APPLICATION FOR PRESS ACCREDITATION FOR CORRESPONDENTS AND CAMERAMEN

 $PART\ 1-THREE\ COPIES\ TO\ BE\ FILLED\ IN\ BY\ APPLICANT\ (Four\ passport\ photographs\ to\ be\ sent\ with\ Completed\ forms$

۱.	Full Name (BLOCK LETTERS)	
2.	Business address in your country	
	Phone	
3.	Residential address in your country	
	Phone	
1.	Residential address in Zambia	
	Phone	
5.	Date and place of birth	
5.	National Registration Card No	
3.	Passport No 9. Date and place of issue	
10.	Visa (a) No	
	(c) Date	
11.	Name and full address of organization/s you represent:	
	(a) Full time	
	(b) Part time	
12.	In what capacity	
14.	Is this your first visit to Zambia? Yes or No	
15.	. If not, how many times have you visited Zambia (give dates)	
16.	Date of arrival in Zambia	
18.	Date	
	Approxim s Signature	
PAF	ART 11 – TO BE COMPLETED BY EDITOR-IN-CHIEF OR HEAD OF DEPARTMENT	
Ι		š
	employed by	
Da	rate	
	FOR OFFICIAL USE ONLY	
Apı	pproved byTitle	
Car	ard No Date	

NB - Applicants will be required to surrender the previous year's card when collecting a new card. If a change of employer takes place during the validity of the card, it is necessary to apply for new card valid for the new employer. Any Pressman found using an invalid presscard will forfeit the privilege of accreditation. The Director of Zambia Information Services, P.O. Box 50020, Lusaka, must be notofied in writing of any loss or damage to cards.