

UGANDA MEDIA CENTRE

APPLICATION FOR ACCREDITATION

Surname

Other names

Country of Origin

Nationality

Place of Birth

Date of Birth

Passport NoPlace of Issue.....

Date of IssueDate of expiry.....

Date of Arrival in Uganda

Home address

Address in Uganda (Post office Box no.)

Residence in Uganda

.....Telephone number.....

E-mail address

Fax No

Office Address

Intended Length of Stay

Details of Employer

News/Media Organizations

Own position with employer

AddressTel No.....

Commissioning editor.....

AddressTel No.....

E-mail addressFax No.....

Applicants SignatureDate.....

The following must be attached to this application form;

- a. 1 passport size photo*
- b. Copy of valid work permit*
- c. Copy of passport*

Submit to emma@mediacentre.go.ug

(For Official Use Only)

Validity of Accreditation Expires on

Name of Accrediting Officer

Card No. IssuedSignature of Accrediting Officer
