

REPUBLIC OF THE PHILIPPINES
OFFICE OF THE PRESS SECRETARY
TANGGAPAN NG KALIHIM PARA SA PRESS
Manila

APPLICATION FOR MEDIA ACCREDITATION

PERSONAL INFORMATION			
FAMILY NAME	GIVEN NAME	MIDDLE NAME	
DATE OF BIRTH	PLACE OF BIRTH	CITIZENSHIP	
ADDRESS	TELEPHONE NUMBER	MOBILE NUMBER	EMAIL ADDRESS
PASSPORT NUMBER/ TYPE	DATE ISSUED	VALID UNTIL	PLACE OF ISSUE
MEDIA ORGANIZATION			
NAME OF MEDIA AGENCY	APPLICANT'S DESIGNATION		IPC CARD NUMBER
ADDRESS	MOBILE NUMBER	TELEFAX	EMAIL ADDRESS
I hereby certify to the correctness of the above information.		I hereby attest that the applicant is a bonafide member of this organization.	
NAME AND SIGNATURE OF APPLICANT		NAME AND SIGNATURE OF HEAD OF THE ORGANIZATION	
CHECKED AND VERIFIED	RECOMMENDING APPROVAL	APPROVED	
Foreign Visit Secretariat			
REQUIREMENTS:		VACCINATION DETAILS:	
<input type="checkbox"/> Letter of Assignment from head of media organization <input type="checkbox"/> OPS-MARO Media Advisory with signed CONFORME <input type="checkbox"/> Valid passport (at least 6 months before departure). <input type="checkbox"/> Valid Press accreditation ID's. <input type="checkbox"/> Completed Media Accreditation Form. <input type="checkbox"/> Completed Visa Application Form (if applicable). <input type="checkbox"/> Travel Authority (for government media). <input type="checkbox"/> Four (4) each: passport-sized and 1x1 colored photo – white background. <input type="checkbox"/> Equipment List: (word.doc.)		1 st Dose:	<input type="radio"/> Date: <input type="radio"/> Vaccine:
		2 nd Dose:	<input type="radio"/> Date: <input type="radio"/> Vaccine:
		1 st Booster:	<input type="radio"/> Date: <input type="radio"/> Vaccine:
		2 nd Booster:	<input type="radio"/> Date: <input type="radio"/> Vaccine: