



Republic of Botswana
OFFICE OF THE PRESIDENT

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APPLICATION FOR PRESS ACCREDITATION

***This application must be submitted with a letter of assignment and copies of the passport and the press card
(PLEASE WRITE CLEARLY IN CAPITAL LETTERS)***

Surname.....First Names.....

Date and Place of Birth.....

Nationality.....

Passport Number.....Date of Expiry.....

Telephone:Mobile phone:

Fax:E-mail:

Media name you will be representing:
.....

Editors Name:

Fax.....Email address.....

Reason for Accreditation

.....

Type of media:

- | | |
|--|---|
| <input type="checkbox"/> Daily newspaper | <input type="checkbox"/> Weekly publication |
| <input type="checkbox"/> Monthly publication | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Press Agency | <input type="checkbox"/> Television |
| <input type="checkbox"/> Online | <input type="checkbox"/> Other (specify): |

Your Post:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Correspondent | <input type="checkbox"/> Editor |
| <input type="checkbox"/> Bureau Chief | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Cameraperson | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Other (specify): | |

Signature: Date (dd.mm.yyyy):

FOR OFFICIAL PURPOSES

Name of Issuer.....

Signature

Date.....

Official Stamp

Signature:

Date (dd.mm.yyyy):