MEDIA ACCREDITATION APPLICATION



OFFICIAL USE ONLY APPLICATION NUMBER:

***USE CAPITAL LETTERS WHEN FILLING BELOW**

Category

Local Journalist
Foreign Journalist
Other (specify)

Area(s) of Specialization

1.	2.	3.	
Area/a) Neada Duilding Canasity			

Area(s) Needs Building Capacity

1	2	3		
1.	۵.	5.		

Personal Information

SURNAME:	OTHER NAMES:
DATE OF BIRTH: DD/MM/YEAR	NATIONALITY:
ID/PASSPORT NUMBER:	POSTAL ADDRESS & YOUR LOCATION:
TELEPHONE NUMBER:	MOBILE NUMBER:
FAX NUMBER:	EMAIL ADDRESS:

Media Organization Details

NAME OF ORGANISATION:	LOCATION:
POSTAL ADDRESS:	TELEPHONE NUMBER:

FAX NUMBER:	EMAIL ADDRESS:	
TYPE OF ORGANISATION MEDIUM:		
Newspaper TV Radio News Agency	News Bureau Educational NGO	
Other (specify)		
POSITON HELD:		
Reporter Photographer Correspondent	Freelance Student / Intern	
Other (specify)		
CONTACT PERSON:	CONTACT PERSON TITLE:	
TELEPHONE:	EMAIL ADDRESS:	
I acknowledge that the above details are correct	and that the card will remain the property of Media	

I acknowledge that the above details are correct and that the card will remain the property of Media Council of Malawi. I acknowledge in receipt of the Press card that I shall subscribe to the Journalism profession Code of Conduct as stated in the Schedules of the Media Council of Malawi Act and failure to that the Media Council of Malawi may take the necessary measures in accordance with the Act.

SIGNATURE: _____ DATE: _____

Evidence Required for Accreditation

- A recent photograph (soft copy)
- Letter from employer or affiliated institution
- Valid identification (National ID, Driving License or Passport)
- Academic certificate
- Bank Deposit slip (MK30,000 for an individual)
- Verification documents through embassies and affiliated institutions for foreign practitioners
- Account Name: MCM Accreditation; Bank: National Bank of Malawi; Branch: Gateway; Account Number: 1006984197; Swift Code: NBMAMWMW