

Annex III

THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

MINISTRY OF FOREIGN AFFAIRS (MFA)

MEDIA ACCREDITATION FORM

(To be attached with a Note Verbal)

Country/Organization _____ Tel No _____

FAMILY NAME

(MR/MRS/MS/): _____

FIRST NAME: _____

NATIONALITY: _____

SEX (M/F): _____

JOB TITLE: _____

MEDIA ORGANIZATION: _____

PASSPORT NO: _____

PROFESSIONAL CARD NO: _____

Duties to be performed in Addis (tick or enter as appropriate)

JOURNALIST	VIDEO CAMERA PERSON	PHOTOGRAPHER	TECHNICIAN	OTHER PLEASE SPECIFY

CONTACT ADDRESS: _____

TELEPHONES: _____

FAX: _____

EMAIL: _____

TIME AND DATE OF ARRIVAL: _____

FLIGHT NO: _____

SIGNATURE OF APPLICANT AND DATE _____