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Ministry of Information Communications & Technology P.O. Box 642 MBABANE ESWATINI

KINGDOM OF ESWATINI

APPLICATION FOR MEDIA ACCREDITATION

PASSPORT SIZE PHOTO

SURNAME	
FULL NAME	
DATE OF BIRTH	PLACE OF BIRTH
COUNTRY OF BIRTH	NATIONALITY
PASSPORT NO:	DATE OF ISSUE
PLACE OF ISSUE	COUNTRY OF ISSUE
NATIONAL ID	DATE OF EXPIREY
MAILING ADDRESS	
PHYSICAL ADDRESS	
TELEPHONE (WORK)	HOME
CELL	
FAX	
EMAIL	
ORGANISATION	FOR OFFICIAL USE
DESIGNATION	Signature:
CHIEF	
INDVUNA	Date:/ 2017
REGION	
SUPERVISOR	Stamp
	<u> </u>

SIGNATURES:			
Applicant	Supervisor/Editor	Date/Stamp//.	

REQUIREMENTS:

- FULL BACK-GROUND OF ORGANISATION AND OBJECTIVE OF EXERCISE ON ORGANISATION'S LETTERHEAD

- DESIGNATION/ ROLE OF EACH CREW MEMBER
 COPY OF PASSPORT (Inner -Back Page)
 2 PASSPORT SIZE PHOTOS OF EACH CREW MEMBER
 LIST AND SPECIFY ALL EQUIPMENT TO BE USED (for Customs purposes)

Please note: Applications can be submitted by fax or e-mail to (+268) 2405 4022/2404 1898 or as a scanned document in jpeg or PDF format to: khumalo522@gmail.com and dubepd@hotmail.com

NB: APPLICATIONS SHOULD BE SUBMITTED 4 WEEKS PRIOR TO EVENT