

MEDIA ACCREDITATION APPLICATION



Date: _____

OFFICIAL USE ONLY
APPLICATION NUMBER:

*USE CAPITAL LETTERS WHEN FILLING BELOW

Category

Local Journalist Foreign Journalist Student / Intern Other (specify) _____

Personal Information

SURNAME:

OTHER NAMES:

DATE OF BIRTH: DD/MM/YEAR

NATIONALITY:

ID/PASSPORT NUMBER:

POSTAL ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

MOBILE NUMBER:

EMAIL ADDRESS:

Media Organisation Details

NAME OF ORGANISATION:

LOCATION:

POSTAL ADDRESS:

TELEPHONE:

FAX NUMBER:

EMAIL ADDRESS:

TYPE OF ORGANISATION MEDIUM:

Newspaper TV Radio News Agency News Bureau Educational NGO
 Other (specify) _____

POSITION 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 Council of Kenya. I acknowledge in receipt of this card I shall subscribe to the Journalism profession Code of Conduct as stated in the Second Schedule of the Media Council Act 2013 and failure to that the Media Council of Kenya may take the necessary measures in accordance with the Act.

SIGNATURE: _____

DATE: _____