APPLICATION FOR PRESS ACCREDITATION (Please type or write in block letters)

Name			_	
(Family name)		(Middle name)	(Given name)	
Date of birth Place of bi			<u>N</u> ationality	
Home addre	<u> </u>			
Tel	E-mail			
Name of me		Country		
Address of	media			
Reference i	n Mongolia	Tel		
Address & F	Phone (during your stay)			
Type of med	ia (Please tick appropri	ate box)		
Type		Assignment		
Wire Service		1. Reporter		
Newspaper			2. Magazine reporter	
Television			3. Commentator reporter	
Radio			4. Movie or TV camera person	
Magazine			5. Still camera person PHC	
Newsreel		6. Technical sta	ff	
Photo Agency		7. Messenger		
Others		8. Driver		
Equipments	you bring with			
Do you inter	nd to travel within Mong	olia		
	specify your itinerary p to Mongolia			
16				
If, any —	Dates and length of		Purpose	
Duration of	the current stay			
Passport				
Visa	Number	Issuing authority	Date of issue	
	Visa status	 Date of issue	Date of expiration	
l hereby app	oly for accreditation to c	over		
Signature of	fannlicant	Date Place —		
Siunature 0	ı avvuldiil	Date, Place —		