



Great Socialist People's Libyan Arab Jamahiriya

General People's Committee for foreign liaison and international Cooperation

Foreign Media Corporation



[MEDIA & JORNALISTIC AFFAIRS DEPARTMENT] [accreditation form]

Family name:..... First name:.....

Date and place of birth:.....

Nationality of Origin: Current Nationality.....

Gender Male Female

Have you ever been to the great Jamahiriya (Yes) (No)

when was your first visit ? Date and occasion?.....

Country of originPhone No.....

Current nationally.....Phone No.....

State previous media organizations you worked :for.

Name of media organization you are currently Working for

Location

Contact details :.....

Country:..... Phone :.....

Fax:..... E-mail.....

Type of media organization you are working for?

patrol Daily journal weekly Magazine

news agency TV station radio station website

Position

Journalist	<input type="checkbox"/>	Editor	<input type="checkbox"/>	Manager	<input type="checkbox"/>
Radio journalist	<input type="checkbox"/>	Journalist TV	<input type="checkbox"/>	Correspondent	<input type="checkbox"/>
Photographer	<input type="checkbox"/>	Journalist Independent	<input type="checkbox"/>	Other	<input type="checkbox"/>

Additional information

✂ -----

Passport (No)..... Country.....
Expiration Date (DD-MM-YYYY).....
Signature..... Date.....
Name of your employer
Signature..... Date.....

✂ -----

Please send a copy of passport and personal photo.

This form must be signed and stamped by the organization of the applicant

- Please state the equipments (If any) to be dispatched to the summit venue in the special form provided, this form can be obtained from the Foreign Media Corporation website; www.foreignmedia.com.ly

Our e-mail address

info@foregnmedia.com.ly



Great Socialist People's Libyan Arab Jamahiriya

General People's Committee for foreign liaison and international Cooperation

Foreign media Corporation
MEDIA & JORNALISTIC DEPARTMENT
MEDIA EQUIPMENT FORM

PLEASE SPECIFY Mr. \ Mrs. Ms |
FAMILY NAME:.....

FRIST NAME :.....

PASSPORT: NO.....

NATIONLITY:.....

PROFESSION:.....

MEDIA ORGANIZATION

List of equipments:

NO	TYPE OF EQUIPMENT	SERIAL NUMBER	VALUE

DATE: / /

SIGNATURE:.....