



REQUEST FOR ACCREDITATION

Family name:..... **Name:**

Male

Female

Nationality:..... **Date of birth:**..... **Place of birth:**

No of passport:..... **valid since:**.....

No of press card:..... **delivered by:**

Name of media:

Country/city of origin of media:

Edition/Distribution:

Address (business):

.....

Phone no (business):..... **Fax no (business):**.....

Mobile phone:

E-Mail:

Internet/website:

Address (private):

.....

Phone no (private):..... **Fax no (private):**.....

Type of media:

Agency

Freelance

Daily

Weekly

Television

Radio

Please send mail to:

my office

my private address

My address may be communicated to third persons in connection with media events.

Press releases available on: www.news-service.admin.ch/NSBSubscriber/login

Date: **Signature:**.....