



International Maritime Organization
4 Albert Embankment
London SE1 7SR

REQUEST FOR ACCREDITATION OF MEDIA REPRESENTATIVES

Note: This application must be presented with a letter of assignment in order to be processed

Type of accreditation applied for

Annual

Individual meeting (please specify)

From (date)

To (date)

Personal Information

Surname/Family name

First/Given name

Place and date of birth

Nationality

Office address (if different from your organization's headquarters)

(Telephone)

(Mobile)

(Fax)

(Email)

Data on the media organization you represent

Name of organization

Contact person and title

Headquarters address

(Telephone)

(Fax)

(Email)

(Website)

Main working language of your media organization

Main news topics or fields of coverage (if applicable)

Status/Ownership

Educational/Public

Government/State

Private

Other (please specify)

Type of medium (tick as many as necessary)

Daily newspaper

News agency/service

Photo/Visual service

Radio

Television

Trade or industry publication

Electronic medium

Other (please specify)

Your position

Editor

Reporter

Photographer

Correspondent

Producer

Director

Camera person

Technician

Other (please specify)

Please complete this form and return it, with a letter of assignment, to:

Public Information Services
International Maritime Organization

Fax +44 (0)20 7587 3210

or by post to the address above