



## 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

Daily

Television

Freelance

Weekly

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](http://www.news-service.admin.ch/NSBSubscriber/login)

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