



WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

APPLICATION FOR MEDIA ACCREDITATION

Mr Ms

Family name:.....

Mobile phone:.....

First name:.....

Media name:.....

Nationality:

Media address:.....

Local address:.....

Media website:.....

Email:.....

Media HQ office (City &
Country):.....

Telephone:.....

Type of media:

Daily newspaper

Press agency

Weekly publication

Television

Monthly publication

Online

Radio

Other (specify):.....

Media Geographic Scope:

International

Regional

National

Local

Your position:

Correspondent

Cameraperson

Editor

Technician

Bureau Chief

Other (specify):.....

Photographer

Signature:

Date:

List of documents to be attached:

- Letter signed by their editor-in-chief indicating the reason for accreditation and the dates for which accreditation is required
- Photocopies of media credentials (press card)
- Copy of the passport
- Passport style photograph (see Information for the media)
- Username and password to browse the website (if required)