

REPUBLIC OF CAMEROON MINISTRY OF COMMUNICATION

APPLICATION FORM FOR ACCREDITATION

NO TE: Every column should be comple	ted in CAPITAL LETTERS	
1. NAME		FISCAL STAMP
2. OTHER NAMES (MAIDEN NAME, PSEU	DONAME, PREVIOUS NAME)	
3. SURNAMĖ(S)	4. SEX (*) M F	
5. DATE AND PLACE OF BIRTH [D M Y AT 6. COUNTRY	
7. CURRENT NATIONALITY		
	Fax number	
8. PERSONAL ADRESS 9. CIVIL STATUS: (*)	BACHELOR MARRIED SEPARATED DIVORCED WIDOW(ER)	
10. TYPE OF PASSEPORT OR TRAN (*) ORDINARY PASSEPORT		RECENT PHOTOGRAPH
NUMBER	ISSUING STATE OR ENTITY	(1)
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1330ED ON	AT LATINGO OR	
11. PROFESSION		
12. EMPLOYER		
40. 400500	Formula	
13. ADRESS	Fax number	RECENT
14. ELECTRONIC ADRESS		PHOTOGRAPH (2)
15. REPRESENTATIVE IN CAMER NAME, QUALITY ADRESS, PHONE	OON (person, organ or partner) Fax number	
Cameroon; + Two (2) recent pa: + A photocopy of a + A document attest + A Public treasury re	d application form, if need be, an invitation or a mission order issued by a partner based in sport-size photographs stapled on the application form; valid passport; ing membership to the profession of journalism or any other similar profession; secipt (5000 FCFA);	
+ A letter of invitation f + Shooting (filming) pla	r affidavit of support by a partner based in Cameroon; or the project; in specifying sites for coverage; equipment to be used (specifying the technical characteristics).	4
Given that this docum documents or any mo	nent is non-refundable, do not submit your passport(s), the originals of your oney.	
N.B. These documents musbegining of shooting.	st get to the Ministry of Communication at least two (2) weeks before the date for the	
W. C		
Ministry of Communica Web site : http://www.r E-mail : mincom_cm@ Tel.: (237) 223 30 22 Fax : (237) 223 30 22	nincom.gov.cm	
(*) Tick the right answer	DATE AND SIGNATURE OF APPLICANT	