

Zimbabwe Media Commission Act (2020), Statutory Instrument 169C (Registration, Accreditation and Levy) Regulations (2002)

SECOND SCHEDULE (*Section 2*)

PRESCRIBED FORMS

FORM AP 3

APPLICATION FOR ACCREDITATION OF A JOURNALIST

Instructions on how to complete this form.

- Attach annexures wherever necessary.
- Attach a certified copy of a national identity card.
- Do not leave any questions blank. Use “Not applicable” (N/A) where appropriate.
- Send complete original copy of this form with relevant annexures to:

The Chairman
Zimbabwe Media Commission
108 Swan Drive
Alexandra Park
Harare
Zimbabwe

FOREIGN MEDIA TEMPORARY APPLICANT

PERSONAL DETAILS

TITLE: Prof/Dr/Mr/Mrs/Ms/Miss/Other

Surname: First Name: Other:

Date of Birth Place and Country of Birth

SEX: Male Female

Nationality

Passport No Date of Expiry Issued at

Phone No. Fax/email

Is this your first time in Zimbabwe? Yes No

If no indicate when you were last here

(Please tick appropriate column)

| <u>Type of medium</u> | | <u>Designation</u> | |
|-----------------------|--------------------------|--------------------|--------------------------|
| News Agency | <input type="checkbox"/> | Producer/Editor | <input type="checkbox"/> |
| Newspaper | <input type="checkbox"/> | Correspondent | <input type="checkbox"/> |
| Television | <input type="checkbox"/> | Photographer | <input type="checkbox"/> |
| Radio | <input type="checkbox"/> | Freelance | <input type="checkbox"/> |
| Magazine | <input type="checkbox"/> | Camera person | <input type="checkbox"/> |
| Reporter | <input type="checkbox"/> | News Photo | <input type="checkbox"/> |
| Engineer/Technician | <input type="checkbox"/> | Others (Specify) | <input type="checkbox"/> |

Others (Specify)

4. EMPLOYER'S DETAILS

Media Organisation represented

Address: _____

Phone: Fax/Email Cell

Country in which journalist is based:

Address in Zimbabwe: _____

Telephone Fax/Email Cell

Arrived on:

By Air/Road

Port of Entry

Departing on

Special assignment to be Covered in Zimbabwe (Briefly)

DECLARATION

I declare that all the information given above, to the best of my knowledge is true and complete.

Signature of Applicant : _____ Date : _____

Signature of Editor/Publisher : _____

Official Stamp :

N.B. Processing of :

- 1. Local media application forms take up to fourteen (14) working days.**
- 2. Foreign media application forms take up to twenty-one (21) working days.**
- 3. Temporary media application forms take up to seven (7) working days.**

FOR OFFICIAL USE ONLY:

Accreditation Issued Until:

Accreditation Card Number: Issued at

Immigration File No. Place of Issue

Accrediting Officer's Name

Signature Date

Registrar: _____

Recommended/Not Recommended: Signature: _____ Date _____

Chief Executive Officer: _____

Approved/Not Approved: Signature: _____ Date _____