

Wes-Kaapse Provinsiale Parlement Western Cape Provincial Parliament IPalamente yePhondo IeNtshona Koloni

APPLICATION FOR STANDARD MEDIA ACCREDITATION

Please complete sections 1 to 5

| 0 | APPLICANT | | | | | | | | | | | | | | | | | |
|---|---|--------|--|------|------|--|--|------|--|--|--|--|--|--|--|--|--|--|
| | Name | | | | | | | | | | | | | | | | | |
| | Surname | | | | | | | | | | | | | | | | | |
| | Company | | | | | | | | | | | | | | | | | |
| | ID Number | | | | | | | | | | | | | | | | | |
| | Cellphone | | | | | | | | | | | | | | | | | |
| | Email | | | | | | | | | | | | | | | | | |
| 2 | EDITOR/CHIEF | OF STA | FF | | | | | | | | | | | | | | | |
| | Name | | | | | | | | | | | | | | | | | |
| | Surname | | | | | | | | | | | | | | | | | |
| | Telephone | | | | | | | | | | | | | | | | | |
| | Email | | | | | | | | | | | | | | | | | |
| | CHREATING | OCUM | FAITA | FLON | /mla | | | .1.\ | | | | | | | | | | |
| 3 | SUPPORTING DOCUMENTATION (please check) | | | | | | | | | | | | | | | | | |
| | Copy of ID | | Supporting letter from editor/chief of staff | | | | | | | | | | | | | | | |
| 4 | DECLARATION | | | | | | | | | | | | | | | | | |
| | I hereby attest that I have received a copy of the Western Cape Provincial Parliament's Media Accreditation, Procedures and Prescriptions, and that I agree to adhere to the guidelines stipulated in it. | | | | | | | | | | | | | | | | | |
| | Signature | | | | Date | | | | | | | | | | | | | |
| 6 | SUBMIT APPLIC | CATION | | | | | | | | | | | | | | | | |
| | Submit the application form and supporting documentation as mentioned in section 3 to: New Media Officer, Western Cape Provincial Parliament, 7 Wale Street, Cape Town, 8001 or by email to moderate worm gov 73 | | | | | | | | | | | | | | | | | |





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| FOR OFFICE USE ONLY | | | | | | | | | | | |
|---|------------------------------|-------------------------------------|--------|-------------------------------|--|--|--|--|--|--|--|
| COMMUNICATION AND INFORMATION New Media Officer | | | | | | | | | | | |
| | ation form yment verified | Copy of ID Forwarded to Mgr | Sup | porting Docs | | | | | | | |
| Signature | | | Date | | | | | | | | |
| SECURITY A | AND FACILITIES | | | | | | | | | | |
| SAPS C Access | learance Permit | Biometrics capture Forwarded to Mgr | ed Sub | mit to DoCS nd Information | | | | | | | |
| Permit valid | from | | to | | | | | | | | |
| Signature | | | Date | | | | | | | | |
| COMMUNICATION AND INFORMATION Manager | | | | | | | | | | | |
| Approv | red | Forwarded to NM | 0 | | | | | | | | |
| Signature | | | Date | | | | | | | | |
| New Media | Officer | | | | | | | | | | |
| Сору А | pplicant | Registry | | | | | | | | | |