



# MEDIA ACCREDITATION FORM

## I. PERSONAL DATA:

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_

Age: \_\_\_\_\_ Civil status: \_\_\_\_\_

Mobile Contact no: \_\_\_\_\_ Email: \_\_\_\_\_

## II. MEDIA AFFILIATION:

Media Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Editor's name: \_\_\_\_\_

Office Contact nos: \_\_\_\_\_ Office email: \_\_\_\_\_

## III. OTHER IMPORTANT DETAILS:

Blood type: \_\_\_\_\_ Any known allergies? \_\_\_\_\_

Contact Person/s in case of emergency: (kindly list down 2)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact nos: landline & mobile: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact nos: landline & mobile: \_\_\_\_\_

**IV. CERTIFICATION:** *(Please write us a note that the information you sent are true and correct if you are sending the filled up form via email without your e-signature. Email back to jomclemente@yahoo.com)*

This is to certify that the above information are true and correct.

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
Date

***(Do not answer below this line. Thank you)***

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ID Control No: \_\_\_\_\_ Coverage Scope reference: \_\_\_\_\_

Billeting Reference: \_\_\_\_\_

Verified & Approved for accreditation:

\_\_\_\_\_  
Jo Martinez-Clemente  
Media Accreditation In Charge