

Instructions

To ensure that your form is submitted, please follow the steps detailed below:

Step 1: Complete the form (including the mandatory fields)

Step 2: Click on submit

Step 3: Read carefully the message in the window, then click OK

Step 4: Select one of the following options to submit your form, bona fide letter and photo.

Option 1

If you are using:

➤ **Desktop email application (Microsoft Outlook, Eurora...):**

1. Click on the Desktop email application option, your form will automatically be attached to your email
2. Then attach the bona fide letter and your photograph
3. Click send

Option 2

If you are using:

➤ **Internet email (webmail, hotmail, gmail...):**

1. Click on the Internet email option
2. Save your form on your desktop
3. Open your email account
4. Attach the PDF form, the bona fide letter and your photograph
5. Submit to chogm@commonwealth.int



INTERNAL USE ONLY	
Registration No	

<p>Photograph</p> <p>(Please print your name and date of birth at the back of the photograph)</p> <p>50 mm X 70 mm</p>
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INTERNATIONAL MEDIA

Accreditation Form

Please print in block letters
All blocks must be complete

1. MEDIA HOUSE
Complete name of media house
Country of media house

Name of Organization on pass

2. PERSONAL INFORMATION			
Surname		Complete usual given name	
Other given names		Other names used if different from above	
Surname at birth		Date of birth YYYY/MM/DD	
Country of Birth		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
Email address		Citizenship	
Passport number	Country of issue	Date of issue YYYY/MM/DD	Date of expiry YYYY/MM/DD
PHONE NUMBERS			
Home	Work	Cellular	

3. NAME AS YOU WISH IT TO APPEAR ON THE BADGE (maximum 35 characters)

4. RESIDENCE (Last 12 months, maximum 2 addresses, state CURRENT residence first)			
CURRENT	Apartment/ House No	Street Name (s)	Street/Light Pole Number
City/Village/Town		Province/State	
Country		Since YYYY/MM/DD	
PREVIOUS	Apartment/ House No	Street Name (s)	Street/Light Pole Number
City/Village/Town		Province/State	
Country		From: YYYY/MM/DD	To: YYYY/MM/DD

5. EMPLOYMENT (Last 12 months, maximum 2 employers, state CURRENT employer first)			
CURRENT	Name of employer		Apartment//House no
Street Name (s)		Street/Light Pole no.	City/Village/Town
Province/State		Country	Since YYYY/MM/DD

