

# 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](mailto:chogm@commonwealth.int)



INTERNAL USE ONLY	
Registration No	

Photograph (Please print your name and date of birth at the back of the photograph) 50 mm X 70 mm
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## TRINIDAD AND TOBAGO MEDIA

### Accreditation Form

Please print in block letters  
All blocks must be complete

<b>1.</b>	<b>MEDIA HOUSE</b>
Complete name of Media House	

Name of Organization on pass
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<b>2.</b>	<b>PERSONAL INFORMATION</b>		
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		
<b>PHONE NUMBERS</b>			
Home	Work	Cellular	

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

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

<b>5.</b>	<b>IDENTIFICATION - Check off only one of the three (3) documents listed below and provide the information requested. Your National ID card is preferred, your passport is the second preference, if none is available use your driver's permit. Only ONE is required.</b>				
	√	<b>DOCUMENT NAME</b>	<b>Identification Number</b>	<b>Country of Issue</b>	<b>Expiration Date</b>
1		National Identification Card			
2		Passport			
3		Driver's Permit			

<b>6.</b>	<b>EMPLOYMENT (Last 12 months, maximum 2 employers, state CURRENT employer first)</b>			
<b>CURRENT</b>	Name of employer			Since YYYY/MM/DD
Apartment//House no		Street/Light Pole no.	Street name	
City/Village/Town			Country	

Job Title – Description			
EMPLOYER PHONE NUMBER		Area Code ( )	Number
PREVIOUS	Name of employer	From YYYY/MM/DD	To YYYY/MM/DD
Apartment//House no	Street/Light Pole no.	Street name	
City/Village/Town			Country
Job Title – Description			
EMPLOYER PHONE NUMBER		Area Code ( )	Number

CATEGORY				
<input type="checkbox"/> Journalist	<input type="checkbox"/> Cameraman	<input type="checkbox"/> Photographer	<input type="checkbox"/> Technician	<input type="checkbox"/> Other (Specify)

Will you be using wireless equipment other than your cell phones?  No <input type="checkbox"/>  Yes <input type="checkbox"/>	<b>If yes,</b> <b>Brand:</b> _____  <b>Model:</b> _____  <b>Frequency:</b> _____
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TV standard used at the International Broadcasting Center will be NTSC. Some services using other standards will be available upon request. What TV standard will your team be using during the event?

HD1080i   
  HD   
  NTSC   
  PAL   
  SECAM   
  4 : 3   
  16 : 9

Note:

**This section must be completed by the manager of the media agency.**  
 A letter from the News Editor/Manager of the Media House confirming the status of the applicant must be attached to this form.

I consent to the disclosure and subsequent verification of information concerning my date of birth, address, employment, criminal/security check and photo. I also certify that the information I have provided in this document is true and correct to the best of my knowledge and belief.

**TERMS AND CONDITIONS/REVOKING OF BADGE**

The accreditation pass remains the property of the Government of Trinidad and Tobago and is issued to the holder to permit limited access to the sites of the Commonwealth Heads of Government Meeting. b. Access to any site may be denied at any time. c. The Secretariat of the Commonwealth Heads of Government Meeting can revoke the accreditation pass for any reasons other than security. d. The MNS can revoke the accreditation pass for security related reasons. e. Upon request the accreditation pass **MUST** be returned. f. Use of the accreditation pass confirms the acceptance of the terms and conditions of its issue.

\_\_\_\_\_  
Name Signature

\_\_\_\_\_  
Telephone number Date  
Including regional code

Internal use only	
Signature of Authorization	Date

<b>INTERNAL USE ONLY</b>	
Accreditation Officer's signature	Date