



Media Council of Malawi

Bata Building Top-Floor, Opposite Lilongwe Post Office, Private Bag A51 Lilongwe,
Tel: (+265) 1 752 722, Email: media@mediacouncilmw.org

NATIONAL PRESS CARD APPLICATION FORM

The Application Form should be completed and returned to Media Council of Malawi (MCM) with the following documentation:

1. Certified Copies of academic certificates.
2. Certified copies of Professional certificates.
3. Two (2) passport size photographs.
4. Attach 6 newspaper cuttings or news clips if you are a freelancer.
5. Attach a certified photocopy of a valid identity if you are freelancer.
6. Processing fee of K 300 to accompany the Application Form
7. Production fee of K700 shall be made upon collection or delivery of the Press Card

Please complete the form fully and accurately. You may type or print.

SECTION A: PERSONAL DETAILS

NAME (in full).....

JOB TITLE OF APPLICANT

DATE OF BIRTH:.....PLACE.....

SEX:MARITAL STATUS:.....

SECTION B: HOME ADDRESS

VILLAGE:.....

T/A:.....

DISTRICT:.....

COUNTRY:.....

POSTAL ADDRESS:

.....
TELEPHONE (S).....

MOBILE (S):.....

FAX:.....

E-MAIL:.....

SECTION C: ACADEMIC QUALIFICATIONS AND DATES OBTAINED:

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SECTION D: PROFESSIONAL QUALIFICATIONS AND DATES OBTAINED:

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SECTION E: NAME OF EMPLOYER/ASSOCIATION.....

.....
POSTAL ADDRESS.....
.....

TELEPHONE.....MOBILE

FAX.....E-MAIL.....

SECTION F: EMPLOYER'S AFFIRMATION

DOES THE APPLICANT'S PROFESSIONAL AND ETHICAL CONDUCT MEET REQUIREMENTS FOR ACCREDITATION?

Tick Applicable

YES		NO	
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COMMENT.....
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NAME.....POSITION.....
(General Manager/Managing Editor)

SIGNATURE.....DATE.....
Organisation Stamp

CATEGORY OF EMPLOYMENT: (tick applicable)

PERMANENT		FREELANCE	
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I certify that the information have provided on this form is correct for the purposes of accreditation and I have also included two passport sized photos and processing fee of K300 .00

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APPLICANT'S SIGNATURE

ALL APPLICATIONS ACCOMPANIED BY RELEVANT DOCUMENTATION PLUS PROCESSING FEE SHOULD BE RETURNED TO:

*The Executive Director
Media Council of Malawi
Bata Building Top Floor-Opposite Lilongwe Post Office
Private Bag A51
Lilongwe
Malawi
Tel: 265) 1 752 722
Fax: 265 1 752 442
Email: media@mediacouncilmw.org*

APPROVED BY:

(EXECUTIVE DIRECTOR OF MCM)

For Membership and Accreditation Committee Chairperson

FOR OFFICIAL USE:

PRESS CARD ISSUED NO.:.....

RECEIPT NO.:..... AMOUNT:.....

CASH	CHEQUE	
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RECEIVED BY:.....

(FINANCE & ADMINISTRATION OFFICER)

VALID UNTIL:.....

DATE:.....

NOTE: All payments should be made by Cheque, Money Order/Postal Order and made payable to Media Council of Malawi.