



**FIFTH SESSION OF THE ASSEMBLY OF STATES PARTIES  
TO THE ROME STATUTE OF THE INTERNATIONAL CRIMINAL COURT**

**REQUEST FOR ACCREDITATION OF MEDIA REPRESENTATIVES**

*Please complete this form and send it, with supporting documentation requested, to the Secretariat of the Assembly of States Parties to the Rome Statute of the International Criminal Court, PO Box 19519, 2500 CM The Hague, The Netherlands.*

*Fax: +31 (0)70 381-5476*

**PERSONAL DATA**

**1. Name:**

(Family name)

(First name)

**2. Place and date of birth:**

**3. Nationality:**

**4. Passport number:**

**5. Permanent office address** *(if different from your organisation's headquarters):*

**6. Telephone:**

Fax:

**Mobile:**

E-mail:

**DATA ON THE MEDIA ORGANISATION YOU REPRESENT**

**7. Name of organisation:**

**8. Contact person and title:**

**9. Headquarters address:**

**Telephone:**

Fax:

**Web site:**

**10. Status/Ownership:**

Educational/Public

Private

Government/State

Other (specify)

**11. Type of medium** *(tick as many as necessary):*

Daily newspaper

News agency/service

Photo/visual service

Radio

Television

Weekly publication

Other (specify):

<b>12. Position:</b> <input type="checkbox"/> Cameraperson <input type="checkbox"/> Correspondent	<input type="checkbox"/> Director <input type="checkbox"/> Editor	<input type="checkbox"/> Photographer <input type="checkbox"/> Producer	<input type="checkbox"/> Reporter <input type="checkbox"/> Technician <input type="checkbox"/> Other (specify):
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**13. Working language(s) of your media organisation:**

**ADDITIONAL INFORMATION**

14. Please provide the following documents in support of your request:

- a letter of introduction from the employer or relevant authority of the media organisation (Ministry, Editor in Chief, Manager) specifying the duration of stay at the Court;
- photocopy of a valid passport;
- photocopy of a valid press card.

**FOR ICC USE ONLY**

**15. ACCREDITATION GRANTED BY ICC:**

Yes  No

**16. NAME** \_\_\_\_\_ **17. TITLE** \_\_\_\_\_

**18. SIGNATURE** \_\_\_\_\_ **19. DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_