APPLICATION FOR SANDIGANBAYAN MEDIA ACCREDITATION

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| **NAME** |  |
| **POSITION** |  |
| **COMPANY** |  |
| **CONTACT NUMBER** |  |
| **ADDRESS** |  |
| **DATE OF BIRTH** |  |
| **NAME, ADDRESS AND CONTACT NO. OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:**  **NAME:**  **CONTACT NUMBER:** | |

**NOTE:**

* Letter of assignment on official letterhead of the media organization indicating the name of the correspondent and other pertinent data should be signed by the Head of News Desk or Editor-in-Chief.
* 2 pcs. 1x1 ID picture (softcopy is accepted)