State Visit of His Holiness The Pope- 2015

ACCREDITATION REGISTRATION

INTERNATIONAL APPLICANTS

Online: www.media.gov.lk/www.popefrancissrilanka.com
E-Mail: mediaaccreditation@yahoo.com

Applicant's Details - PLEASE COMPLETE IN BLOCK CAPS - DETAILS SHOULD BE EXACTLY AS THEY APPEAR ON PASSPORT

Applicant Type: Delegate ☐ Media ☐

Title: Family Name:

First Name: Middle Name:

Preferred Name on Accreditation Pass:

Gender: Male: ☐ Female: ☐ Date of Birth: D D M M y y y y

Country of Birth: Country of citizenship:

Member Country:

Ministry/ Organisation: Designation:

Role in Delegation:

Post-nominal Letters:

Sri Lankan Citizenship Status :(if any)

Accreditation Photo

Photos must be attached to the Form , and must be -

1. A minimum of 1,100 pixels wide and 1,400 pixel high
2. **A JPEG file**
3. No larger than 1.3 MB
4. **Include a full face, front view and open eyes**
5. Present full head from top of hair to shoulders
6. **Religious head covering – your facial features from bottom of chin to top of forehead and both edges of your face must be clearly shown**
7. Have a plain or off-white background
8. **Avoid shadows on the face or background**
9. Show a natural expression (i.e. closed mouth)
10. **Must not include sunglasses or hats**
11. Have normal contrast and lighting

Contact Details -

Business Telephone Number:

Business Facsimile Number:

Mobile Telephone Number:

Email Address:

Business Address

Residential Postal Address:

Flight/ Travel

Arrival Date:

D D M M M Y Y Y Y

Arrival Time:: (24 hrs)

Airline:

Flight Number:

Status:

Tentative: ☐ Confirmed: ☐

Passport and Visa Information -

Passport Number: Date of Issue :

Type of Passport : Place of Issue :

Date of Expiry :

Proposed Port of Disembarkation:

Have you ever been rejected entry Visa to Sri Lanka? YES: ☐ NO: ☐

Address where you propose to stay in Sri Lanka?

Give information of your previous stays in Sri Lanka, If any?

Additional Requirements -

Do you have Travel/ Medical Insurance? No:

Yes: ☐ No: ☐

Dep. Date:

D D M M M Y Y Y Y

Dep. Time: (24 hrs)

Airline:

Flight Number:

Status:

Tentative: ☐ Confirmed: ☐

Dep Type:

Commercial: ☐ State: ☐

Charter: ☐ Private: ☐

For office use only:

Recommended by: Approved by: