

APPLICATION FOR MEDIA ACCREDITATION



EAFF East Asian Cup 2013
 EAFF Women's East Asian Cup 2013
 Final Competition

**Television
 Radio**

FAMILY NAME		GIVEN NAME	
NATIONALITY		PASSPORT NUMBER	
COMPANY NAME		COUNTRY	
COMPANY ADDRESS			
TEL	FAX	E-MAIL	

COMPANY CATEGORY (Tick one appropriate box)

<input type="checkbox"/> TV (RIGHTS)	<input type="checkbox"/> TV (NON RIGHTS)	<input type="checkbox"/> RADIO (RIGHTS)
<input type="checkbox"/> RADIO (NON RIGHTS)	<input type="checkbox"/> OTHERS (PLEASE SPECIFY)	

PERSONAL FUNCTION (Tick one appropriate box)

<input type="checkbox"/> JOURNALIST	<input type="checkbox"/> COMMENTATOR	<input type="checkbox"/> TECHNICAL
<input type="checkbox"/> ENG CREW	<input type="checkbox"/> OTHERS (PLEASE SPECIFY)	

VISITING STADIUM ON (Tick all that apply)

<input type="checkbox"/> 7.20(Sat)	<input type="checkbox"/> 7.21(Sun)	<input type="checkbox"/> 7.24 (Wed)	<input type="checkbox"/> 7.25 (Thu)	<input type="checkbox"/> 7.27(Sat)	<input type="checkbox"/> 7.28 (Sun)
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SIGNATURE OF APPLICANT	SIGNATURE OF EDITOR IN CHIEF	DATE
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Please complete and submit this form to the following organisation by the specified date:

Media from the East Asian region

The national football association of your country/region by 12 June

Media from other area of the world

EAFF Secretariat by 13 June

(Email: eaff.seoul@gmail.com/ Fax: +82-2-2002-0812)

EAFF Member FAs

EAFF Secretariat by 13 June

(Email: eaff.seoul@gmail.com/ Fax: +82-2-2002-0812)

* Please put your FA's official seal for media identification

Seal of the Football Association

REQUEST FOR INVITATION FOR VISA APPLICATION



EAFF East Asian Cup 2013
EAFF Women's East Asian Cup 2013
Final Competition
20-28 July 2013 in Korea Republic



1. FULL NAME (Shown in passport)	
2. SEX	
3. DATE OF BIRTH (dd/mm/yy)	
4. NATIONALITY	
5. OCCUPATION	
6. COMPANY NAME	
7. PASSPORT NUMBER	
8. DATE OF EXPIRY	
9. PLACE OF VISA APPLICATION	
10. ITINERARY *	
ARRIVAL: DATE	
TIME	
AIRPORT	
FLIGHT NO.	
DEPARTURE: DATE	
TIME	
AIRPORT	
FLIGHT NO.	
11. ACCOMMODATION IN KOREA *	

* Please fill in this item only if it has been arranged.