

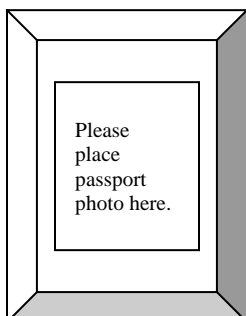


**REPÚBLICA DEMOCRÁTICA DE TIMOR-LESTE**  
**MINISTÉRIO DAS FINANÇAS**

**Media Accreditation for Timor-Leste and Development Meeting**  
**APPLICATION FORM**

<b>Personal Information</b>	
Name of Applicant	
Surname of Applicant	
Date of Birth	
Passport No#, ID Card or Drivers License (must supply one)	
(Please circle)	(MALE) (FRMALE)
Applicants Address	
Applicants contact no#	

<b>Media Information</b>	
Media Outlet	
(Please circle)	(DOMESTIC) (INTERNATIONAL)
Media Contact (must supply for confirmation)	
Media Contact No#	
Media Address	



\_\_\_\_\_  
Signature of Applicant:

\_\_\_\_\_  
(Please print name)

Please return completed application form to **Ines Almeida**  
**Ministry of Finance (Palacio do Government)**  
**Building No. 5; email: ialmeida@mof.gov.tl; phone 723 0032**

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
(Please print name)