NATIONAL CONGRESS PRESS ACCREDITATION 2019 PRESIDENTIAL INAUGURATION

PRESS PROFESSIONAL/TECHNICIAN

(Act No. 11/2017 of the Steering Committee of the Federal Senate)

INSERT HERE A 3X4
PHOTO
COLOR, FRONT-ON,
WHITE
BACKGROUND,
MINIMUM
RESOLUTION OF
300 DPI

• Filling in all fields in this form is mandatory.

• The applicant must submit with this form a copy of all the documents required in article 15 of the Act No. 11/2017 by Steering Committee of the Federal Senate.

1 - Name of the Professional (f	ull)									
2 - ID number		3 - Issuing authority (State)			4 - Individual Taxpayer Identification Number				ion Number	
5 - Date of Birth 6 - Nationality		y 7		/- Place of Birth (City)				8 - State		
				,			o state			
9 - Father's name	10 - Mothe	r's name								
11- Residential Address			12 - Neighborhood					od		
13 - City		14 - State 15 - Zip C			15 - 7in Coo	de				
20 0104						15 Lip code				
16 - (area code) Residential phone number / Mobile phone number number 17 - (area code) Business properties of the phone number				e number / Fax	18 – E-m	ail				
/ Mobile priorie riuribei	'	number								
19 – Company, agency or journalistic organization (firm name and corpo				e 20- Job Title				21- Professional Register		
name)							Number (DRT or FENAJ)			
		(BINT OF TE				J				
1 - Ramp and outsion 2 - White Hall (int 3 - Black Hall – co	ernal area of	hapelaria (in case	e of rain) — co			s and pho	tographers	only		
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	DECL	ARATION OF	ACCEPIA	INCE OF KES	PUNSIE	ILIIY				
I hereby declare that the below:	information	provided in this	s form is tru	ue and I agree	to use tl	ne creder	ntial accord	ding to	the article quo	
"Article 9 The identification b	nadge is an offic	ial identification o	locument () of obligatory o	istensive i	ndividual	and non-trai	nsferah	le use "	
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Professional's Signature