

PAKISTAN vs AUSTRALIA CRICKET SERIES

Sharjah • Abu Dhabi • Dubai

ODI & T20

August & September 2012

SERIES MEDIA ACCREDITATION APPLICATION FORM

Please complete this form and return, no later than 20 August 2012
 either via e-mail (with picture) to mediaaccreditation@dxb sport.com or via courier to:
 P.O. Box 111123, Dubai, United Arab Emirates

Tel: +971 4 425 1111 | Fax: +971 4 425 1100 | Email: mediaaccreditation@dxb sport.com

Please attach 2 colour passport photographs here with your FULL name printed clearly on the back.

Do not staple through the photographs – attach in separate envelope.

Pictures on email will only be accepted when named & attached with a completed accreditation form

Please select (x) the match(es) that you will be attending:

SHARJAH	ABU DHABI	DUBAI
<input type="checkbox"/> 1 st ODI, 28 Aug (Tue)	<input type="checkbox"/> 2 nd ODI, 31 Aug (Fri)	<input type="checkbox"/> 1 st T20, 5 Sep (Wed)
<input type="checkbox"/> 3 rd ODI, 3 Sep (Mon)		<input type="checkbox"/> 2 nd T20, 7 Sep (Fri)
		<input type="checkbox"/> 3 rd T20, 10 Sep (Mon)

Please complete this form in BLOCK CAPITALS using a blue or black ink pen



Section One: Personal Information

Please attach a copy of passport and visa copy with this application

Title (Mr/Mrs/Other)	<input type="text"/>	Home Address	<input type="text"/>
First Name	<input type="text"/>	Town/City	<input type="text"/>
Last Name	<input type="text"/>	Country	<input type="text"/>
Country of Birth	<input type="text"/>	Post Code/ Zip Code	<input type="text"/>
Date of Birth	<input type="text"/>	Country of Residence	<input type="text"/>
Nationality	<input type="text"/>	Tel. (incl. Country Code)	<input type="text"/>
Passport/ID No	<input type="text"/>		<input type="text"/>
E-mail	<input type="text"/>		
Signature	<input type="text"/>	Cell/Mobile (incl. Country Code)	<input type="text"/>

Section Two: Organisational Details

Organisation Name	<input type="text"/>		
Address	<input type="text"/>		
Town/City	<input type="text"/>	Country	<input type="text"/>
Organisation Co-ordinator's Name	<input type="text"/>		
Co-ordinator's Telephone (incl. Country Code)	<input type="text"/>	<input type="text"/>	
Co-ordinator's E-mail	<input type="text"/>		
Signature of Authorising Contact at Organisation	<input type="text"/>		

Please tick which of the following best describes your role:

- Print Media
 Photographer
 Non-Rights Holding Broadcaster
 Rights-Holding Broadcaster