

ACCREDITATION REQUEST FORM



FB-0011-EN

EVENT CONCERNED :

Football Association → (denomination)

Agent of Match

Observer (Invited N.F.-Board) Media

⚠ Attention : Each request is personal and must be filled in CAPITAL LETTERS.

NAME **First name**

NATIONALITY

PASSEPORT NUMBER

PRIVATE ADDRESS

CITY **Postal Code**

COUNTRY

FAX

MOBILE **E-mail**

FOR THE MEDIA

- Agency
- Newspaper
- Magazine
- Internet Site
- Television
- Radio
- Others

Complete address of the Media :

City / Postal Code :

Country :

TEL **FAX**

MOBILE **e-mail**

Website

Signature of the applicant :

Date from the request :

⚠ To turn over to : N.F.-Board
Fax : +33 (0) 386 96 10 09 ou +32 (0) 43 43 79 72
E-mail : secretariat@nf-board.com