Приложение № 2.3 към чл. 27, ал. 6, т. 2

ACCREDITATION FORM FOR FOREIGN MEDIA REPRESENTATIVE

1. .....,
First Name, Family Name

2. .....,
Nationality

3. .....
ID Number (Passport/ID Card)

4. .....,
Personal Number of a Foreigner in the Republic of Bulgaria, if applicable

5. .....,
Place of Birth, Country

6. .....,
Media, Position

7. .....,
Contact Phone Number

8. .....,
E-mail

9. I wish to be accredited to the General Assembly of

……..……..…

□ **.....,**
Date .

□ **.....,**
Date .

□ **.....,**
Date

□ **.....,**
Date

□ **.....,**
Date

□ **.....,**
Date

10. Please indicate date and No of polling station(s):

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