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(For Secretariat Use)



Please attach  
Passport-sized Photo

**KUALA LUMPUR SUMMIT 2019**  
**18-21 DECEMBER 2019, KUALA LUMPUR CONVENTION CENTRE (KLCC)**

**REGISTRATION FORM FOR MEDIA**

**Note :**

\* *Compulsory and please attach a copy of Identity Card/ Media Pass/Passport/ letter of Assignment together with this form*

\*\* *Please tick ( X ) where applicable.*

*Please use capital letters*

- Official Media       Local Media       Foreign Media  
 Secretariat

Full Name

\_\_\_\_\_

Name to appear on the card (not more than 11 alphabets)

\_\_\_\_\_

Gender ( \*\* )  Male       Female

New IC No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Old IC No \_\_\_\_\_

Passport No ( \* ) \_\_\_\_\_

Expiry Date ( \* ) \_\_\_\_\_  
D D      M M      Y Y

Date of Birth \_\_\_\_\_  
D D      M M      Y Y

Nationality \_\_\_\_\_

Name of Organisation / Media Agency / Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country \_\_\_\_\_

E-mail \_\_\_\_\_

Tel No (Office) \_\_\_\_\_

Handphone No. \_\_\_\_\_

Fax \_\_\_\_\_

Type of News Organisation

- Newspaper       Magazine       TV

Radio                       Photo Agency                       News Agency  
 Others (please specify) : .....

Designation :

Secretariat                       Reporter                       Cameraman  
 Editor                       Correspondent                       TV/Radio Commentator  
 TV Commentator                       Technician  
 Others (please specify).....

Press Card Number and issuer : .....  
(Or equivalent ID)

Signature (applicant) : ..... Date : .....

Name of Editor/Head/Producer : .....

Signature : ..... Date : .....

N/B : Please include a letter of authorisation from editor or executive of your organisation

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**Kindly submit this Form to: Media Secretariat , KL SUMMIT 2019  
BERNAMA PUBLIC RELATIONS, 5th Floor Wisma BERNAMA, 28 Jalan BERNAMA  
Off Jalan Tun Razak  
50400 Kuala Lumpur, Malaysia**

**Tel No: 603-2696 2120 / 2696 2122 / Fax: 03-2694 1021/ 2694 1022**

**E-Mail: klsummit2019@bernama.com**

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Seconded by Chairperson (Sub-committee) : .....

Name : .....

Signature : .....

**FOR SUB-COMMITTEE OF REGISTRATION AND ACCREDITATION**

Approved                                            Not Approved                     

Type / Category of Card ..... Lanyard Colour .....

.....  
Signature: