ACCREDITATION - VISIT OF PRIME MINISTER INDIRA GANDHI

NAME :			
(Surname)		(Christian Na	mes in Full)
ADDRESS (HOME)			
— ADDRESS (BUSINESS)		
AFFILIATION			
FUNCTION Report	er / Photo	ographer / Tech	nician
DATE OF BIRTH (I	Day)	(Month)	(Year)
PIACE OF BIRTH _	***		
((Community)	(Province or State)	(Country)

This application must be accompanied by two photographs $1\frac{1}{4} \times 1\frac{1}{2}$. Application for accreditation should be sent to the following address to arrive not later than Friday, June 8, 1973.

Press Office (FPR)
Department of External Affairs
Room 371, East Block
OTTAWA K1A OG2

Attention: Visit Press Coordinator