

**Notification
MINISTRY OF FOREIGN AFFAIRS
OF THE REPUBLIC OF MOLDOVA**

State Diplomatic Protocol
31 August 1989 Str. 2012 Chişinău Republic of Moldova



REQUEST FOR ACCREDITATION

Signature of applicant as
in travel document
(passport)

(in ink only)

General Information

Embassy/Mission

States/International Organizations

Country of residence

City of residence

Mission e-mail

Mission address

Personal Information Current

Surname

Given Name(s)

Previous surname

Date of birth

Place of birth

Preferred language of communication

Marital status

Citizenship

Moldovan citizenship/Residence permit number

Passport Information Passport

Number

Authority

Issue date

Expiration date

Information About Position And Duties Category

Effective date of appointment

Expected date of departure

Position, title and area of specialty

Function

Surname of predecessor

Name of predecessor

Residence And Contact Information Address

Address

Telephone

E-mail

Family Information Family members

Responsible person for filling up the form

Surname

Name(s)

Telephone

E-mail responsible person

Information About Previous Experience All assignments/positions within past five years

Signature of the applicant
(Sign below)Signature of the Head of Mission
(Sign below)Stamp of the Mission
(Stamp below)

Required to be signed.

By signing, I, the applicant, declare that all data above is correct and allow State Diplomatic Protocol to verify affiliation to the citizenship of the Republic of Moldova.

Required to be signed.

Required to be stamped.

Date**Place**

Article 5 of Law no.133 of 08.07.2011 on Personal Data Protection stipulates that the processing of personal data is with the consent of the personal data subject.

I confirm that I am informed of my rights as a subject of personal data as laid down in Article 5 of Law no.133 of 08.07.2011 on Personal Data Protection.

Date

Signature of the applicant

Disclaimer! This document contains personal data.

The Ministry of Foreign Affairs ensures and guarantees the further processing of these data only under the conditions laid down in Act No 133 of 08.07.2011 on Personal Data Protection.

Fields reserved to the State Diplomatic Protocol

Examination date

____/____/____

Accreditation card no.

Valid from

____/____/____

Valid till

____/____/____