

## REQUEST FOR ACCREDITATION

### **General information:**

Embassy/Mission – choose one of the options:

1. Embassy
2. Consulate
3. Representation of international organization
4. Honorary Consulate
5. Other (*please specify*)

States/International Organizations – in case of Embassy - the country that represents it, in case of Organization - its name

Country of residence – country of residence of mission

City of residence – city of residence of mission

Mission e-mail – mission's e-mail

Mission address – mission's address

### **Personal information:**

Current surname – surname

Given name – name

Previous surname – last name if it has been changed (*for example after marriage or any other cases*)

Date of birth – date

Place of birth – city/country of birth

Preferred language of communication – language

Marital status – choose one of the options:

1. single
2. married
3. divorced
4. widow/er
5. cohabitation
6. other (*please specify*)

Citizenship – citizenship

Moldovan citizenship/permanent resident permit – choose one of the options

1. none
2. in case if yes – series and number (*for permanent resident permit – also expiration date*)

### **Passport information:**

Passport – choose one of the options:

1. diplomatic
2. official
3. service
4. national
5. laissez-passer
6. other (*please specify*)

Number – series and number of the passport

Authority – authority that issued the document

Issue date – date of issue of the document

Expiration date – expiration date of the document

**Information about position and duties:**

Category – choose one of the options:

1. Head of mission
2. Official of an international organization
3. Diplomatic corps
4. Administrative and technical personnel
5. Service personnel
6. Privat servant

Effective date of appointment – date on which he performs his function

Expected date of departure – date until he will perform his function

Position, title and area of specialty – function/position and field of activity

Function – function of the predecessor

Surname of predecessor – surname of the predecessor

Name of predecessor – name of the predecessor

**Residence and contact information:**

Address – residence address of the applicant. If the applicant of the accreditation card lives on the territory of the Mission, it shall be mentioned in the Note.

Telephone – phone number of the applicant

E-mail – applicant's email

**Family information:**

Family members – name, surname and kinship of family members accredited in the Republic of Moldova

**Responsible person for filling up the form:**

Surname – last name of the person who filled in the form

Name – first name of the person who filled in the form

Telephone – phone number of the person who filled in the form

E-mail responsible person – person who filled in the form e-mail

**Information about previous experience:**

All assignments/positions within past five years – all positions held in the last 5 years, including city and country

**Fields reserved to the State Diplomatic Protocol:**

Space reserved for the officer of the State Diplomatic Protocol within the Ministry of Foreign Affairs and European Integration of the Republic of Moldova

## REQUEST FOR RENEWAL

### **General information:**

Embassy/Mission – choose one of the options:

1. Embassy
2. Consulate
3. Representation of international organization
4. Honorary Consulate
5. Other (*please specify*)

States/International Organizations – in case of Embassy - the country that represents it, in case of Organization - its name

Country of residence – country of residence of mission

City of residence – city of residence of mission

Embassy e-mail – mission's e-mail

### **Information about changes:**

Request is for – short reason of the request (*expiration, loss, change, other – please specify*)

Please explain – if necessary, explain the request

### **Personal information:**

Current surname – surname

Given name – name

Previous surname – last name if it has been changed (*for example after marriage or any other cases*)

Date of birth – date

Place of birth – city/country of birth

Preferred language of communication – language

Marital status – choose one of the options:

1. single
2. married
3. divorced
4. widow/er
5. cohabitation
6. other (*please specify*)

Citizenship – citizenship

Moldovan citizenship/permanent resident permit – choose one of the options

1. none
2. in case if yes – series and number (*for permanent resident permit – also expiration date*)

No. of the current accreditation card – number of the accreditation card present

Issue date – date of issue of the current accreditation card

Valid till – date of validity of the current accreditation card

Moldovan IDNP – if there is one on the back of the card

**Passport information:**

Passport – choose one of the options:

1. diplomatic
2. official
3. service
4. national
5. laissez-passer
6. other (*please specify*)

Number – series and number of the passport

Authority – authority that issued the document

Issue date – date of issue of the document

Expiration date – expiration date of the document

**Information about position and duties:**

Category – choose one of the options:

1. Head of mission
2. Official of an international organization
3. Diplomatic corps
4. Administrative and technical personnel
5. Service personnel
6. Privat servant

Effective date of appointment – date on which he performs his function

Expected date of departure – date until he will perform his function

Position, title and area of specialty – function/position and field of activity

Function – function of the predecessor

Surname of predecessor – surname of the predecessor

Name of predecessor – name of the predecessor

**Residence and contact information:**

Address – residence address of the applicant

Telephone – phone number of the applicant

E-mail – applicant's email

**Family information:**

Family members – name, surname and kinship of family members accredited in the Republic of Moldova

**Responsible person for filling up the form:**

Surname – last name of the person who filled in the form

Name – first name of the person who filled in the form

Telephone – phone number of the person who filled in the form

E-mail responsible person – person who filled in the form e-mail

**Information about previous experience:**

All assignments/positions within past five years – all positions held in the last 5 years, including city and country

**Fields reserved to the State Diplomatic Protocol:**

Space reserved for the officer of the State Diplomatic Protocol within the Ministry of Foreign Affairs and European Integration of the Republic of Moldova