**ANNEX 1: NOMINATION FORM**

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| **Official Nomination** |
| NOTE>>> To be completed by the SWAP Focal Point. |

**1. Country/Territory:**

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|  |

**2. Name of Organization:**

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|  |

**3. Full Name of the Nominee:**

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|  |

Note: The maximum number of participants per country is one (1).

Our organization hereby nominates the above qualified nominee to attend on our behalf at the SWAP Steering Committee Meeting.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  | | Signature: | |  | | |
| Name: | |  | | | | | |
| Designation / Position | |  | | | | | Official Stamp |
| Department / Division | |  | | | | |
| Office Address and  Contact Information | | Address: | | | | |
| Telephone: | | Fax: | | E-mail: | |
|  | | | | | | | |

**Confirmation by the organization in charge (if necessary)**

I have examined the documents in this form and found them true. Accordingly, I agree to nominate this person(s) on behalf of our government and we fully acknowledge the terms of this nomination including travel cost implications.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  | | Signature: |  | |
| Name: | |  | | | Official Stamp |
| Designation / Position | |  | | |

***Note:*** *SWAP through SPREP will bear the costs of the airfare (most direct/economical route) and DSA only for the duration of the meeting. All other travel related costs are to be borne by the participants/nominating governments (this includes but is not limited to passport, visas, travel/medical insurance (including COVID-related medicals), pre-entry and upon-entry requirements by the host country).* ***Travel Tickets once approved/ issued are non-transferrable and any changes will be borne by the nominating government****.*