**ANNEX 1: NOMINATION FORM**

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| **Official Nomination** |
| NOTE>>> To be completed by the Main 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.

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