

NOMINATION FORM**WCO/Japan Career Development Programme (2021/2022)**

- (1) To be completed by - or under the authority of - the Head of the nominating administration, e.g. **Director General, Commissioner or equivalent official**, and returned to the Office of the Secretary General of the World Customs Organization (at careerdevpro@wcoomd.org).
Please note that the form must be signed by both the Head of the nominating administration and the nominee. Otherwise, the nomination will be considered invalid.
- (2) Please complete this form in typewritten script.

THE CUSTOMS ADMINISTRATION OF _____

NOMINATES Mr./Mrs./Miss _____

(His/her current title) _____

(Employed by the Customs Administration) from _____ (mm)/ _____ (yyyy)

THE NOMINEE APPLIES FOR THE CATEGORY

(please select **ONE** of the following categories (Category I, Category II i) or Category II ii)) :

Category I - Language

(please select one of the followings)

- Arabic
 Portuguese
 Russian
 Spanish

Or

Category II - Topics

ii) Customs issues, a candidate should specify a particular area of his/her expertise
 (please specify the topic)

{ _____ }

Or

Category II - Topics

i) IPR/Risk Management

- IPR
 Risk Management

THE NOMINEE HAS A SPECIAL INTEREST IN THE FOLLOWING AREA OF RESEARCH OR STUDY

(Please specify one or two areas only) :

- Capacity Building Enforcement
 Facilitation Nomenclature
 Origin Valuation

THE NOMINATING ADMINISTRATION CERTIFIES THAT THE NOMINEE :

i) Is a Customs officer of a developing-country Member administration which has active status at the WCO;	Yes <input type="checkbox"/> No <input type="checkbox"/>
ii) Has a minimum of 3 years' experience in Customs;	Yes <input type="checkbox"/> No <input type="checkbox"/>
iii) Has a university degree or equivalent professional qualification;	Yes <input type="checkbox"/> No <input type="checkbox"/>
iv) Is proficient in English;	Yes <input type="checkbox"/> No <input type="checkbox"/>
v) Is in good health; and	Yes <input type="checkbox"/> No <input type="checkbox"/>
vi) Continues to work in his/her home Customs administration for 3 years at least after the completion of the Programme.	Yes <input type="checkbox"/> No <input type="checkbox"/>

DATE AND PLACE : _____

Signature and seal of Head of the Administration

Name of signatory : _____

Title : _____

DATE AND PLACE : _____

Signature of the nominee

Name of nominee : _____