INSTRUCTIONS

(1) To be completed by, or under the authority of, the Head of the nominating administration e.g. Director General, Commissioner or equivalent official. Please note that signature by any person other than the Head will be considered as invalid.

(2) Please type or print clearly. The nominating administration and the candidate must read the WCO administrative provisions before filling in the form.

THE CUSTOMS ADMINISTRATION OF (name of the country)

NOMINATES - Mr./Ms. ........................................................................................................................................

For

The Japan-WCO Human Resource Development Programme (Public Finance) at the National Graduate Institute for Policy Studies, Tokyo, Japan

AND CERTIFIES THAT:

(A) The studies to be made under this Programme are necessary for the advancement of the Customs administration of the country, and that in the event of the Scholarship being granted, full use will be made of the candidate in the field covered by their Programme;

(B) All information supplied by the candidate for the application is complete and correct;

(C) The candidate is fully proficient in English.

(D) The candidate is eligible to participate in this Programme according to the rules and regulations of the nominating administration and relevant authorities.

ON RETURN FROM THE PROGRAMME IT IS PROPOSED TO EMPLOY THE CANDIDATE AS FOLLOWS:

TITLE OF POST: ........................................................................................................................................

DUTIES AND RESPONSIBILITIES: ........................................................................................................
.................................................................................................................................................................

DATE AND PLACE: ................................................................................................................................. Signature of the authorized official + Name and designation below.

.................................................................................................................................................................

CONTACT ADDRESS OF THE CANDIDATE:

.................................................................
.................................................................................................................................................................

Tel. : .....................................................................................................................................................

E-mail: ...................................................................................................................................................