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| United Nations | UN_42 | Nations Unies |  |
| headquarters • siege   new york, ny 10017tel.: 1 (212) 963.1234 • fax: 1 (212) 963.4879 |

**ICP TRUST FUND ASSISTANCE APPLICATION FORM**

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| States should submit the following items together:* Note verbale nominating the participant by Governments through the Permanent Mission to the United Nations in New York;
* This completed typewritten form;
* Copy of the passport biodata page of the applicant’s passport; and
* Copy of required visa(s), including any required transit visa(s).
* Completed and signed F.249 banking forms for the panellist **and** verification of bank account information (e.g. voided check) (Tax ID for GRULAC)

These items must be filed with the Secretariat in accordance with the established deadline or the application may be rejected. |
| **Meeting Information** **Name of Meeting:** 20th meeting - [United Nations Open-ended Informal Consultative Process on Oceans and the Law of the Sea](http://www.un.org/Depts/los/consultative_process/consultative_process.htm)**Location of Meeting:** New York, Headquarters**Date of first working day: Date of last working day:**  |  |
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**Participant Information: ☐ PANELLIST ☐ PARTICIPANT**

|  |  |  |
| --- | --- | --- |
| Surname or Family Name **as in passport** | Given Name | Middle Name |
| Gender | Date of Birth (dd.mm.yyyy) | City of Birth Country of Birth |
| Passport Number | Passport Date of Issuance (dd.mm.yyyy) | Passport Date of Expiration (dd.mm.yyyy) |
| Place of Issuance | Tax or National ID and Expiration Date (GRULAC) | UN Index Number if one has been assigned |

Contact:

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| City / airport of departure for air travel purposes: |
| Home Address |
| City | Postal Code | State/Province | Country |
| e-mail address |
| Phone number (dialed from abroad) |  | Mobile number (dialed from abroad) |

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| City/Airport of Departure: |
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I hereby certify that I will adhere to the rules of the United Nations, including those governing the granting of assistance under trust funds and those applicable to travel.

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| Signature |  | Date |  |