

## GUÍA RÁPIDA

### I. eMission

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#### 1. Rangos diplomáticos

- Embajador/a
- Ministro/a
- Ministro/a Consejero/a
- Consejero/a
- Primer/a Secretario/a
- Segundo/a Secretario/a
- Tercer/a Secretario/a
- Agregado/a
- Agregado/a Adjunto/a

\*Por favor, tenga en cuenta que el término “Asesor/a” no denota ningún rango diplomático.

#### 2. Denominaciones de los cargos

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- Representante Permanente
- Representante Permanente Adjunto/a
- Oficial de Prensa
- Oficial Financiero/a
- Secretario/a
- Recepcionista
- Auxiliar Administrativo/a
- Conductor/a
- Pasante
- Intérprete

En el caso del cargo de Asesor/a, debe especificarse el tipo. No se aceptará “Asesor/a” a secas. Ejemplos:

- Asesor/a Militar
- Asesor/a sobre asuntos de la Primera Comisión
- Etc.

#### 3. Tipos de pasaporte

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- Diplomático
- Oficial/de servicio
- Ordinario

Por favor, recuerde que el domicilio personal no es el de la Misión.

### II. Tipos de información que hay que actualizar

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#### 1. Cambios

- Domicilio
- Ascenso
- Situación migratoria
- Denominación del cargo
- Cambio de nombre
- Prórroga del contrato
- Número de teléfono (RP/RPA)
- Domicilio de la Misión Permanente
- Estado civil

#### 2. Correcciones

- Domicilio
- Situación migratoria
- Denominación del cargo
- Nombre
- Relación
- Fecha de nacimiento

# GUÍA RÁPIDA FORMULARIOS

**Formulario para la expedición de un pase de las Naciones Unidas a un/a funcionario/a de una Misión/Misión de Observación (SG.32):**

**Formulario para la expedición de un pase de las Naciones Unidas a un/a ex Representante Permanente (SG.38):**

| FORM SG.32  |  |                            |   |  |  |  |
|---|--|----------------------------|---|--|--|--|
| <b>UNITED NATIONS</b><br>REQUEST FOR UNITED NATIONS GROUNDS PASS<br>FOR MEMBERS OF PERMANENT MISSIONS OR OBSERVER OFFICES<br>ISSUANCE <input checked="" type="checkbox"/> RENEWAL <input type="checkbox"/> DUPLICATE <input type="checkbox"/> PROMOTION <input type="checkbox"/>                  |  |                            |   |  |  |  |
| COUNTRY/ORGANIZATION: _____   |  |                            |   |  |  |  |
| PRINCIPAL'S NAME:   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center;">(First Name)</td> <td style="width: 40%; text-align: center;">(Last Name)</td> </tr> </table>  | (First Name)               | (Last Name)                             |  |  |  |
| (First Name)  | (Last Name)  |                            |   |  |  |  |
| DIPLOMATIC RANK / FUNCTIONAL TITLE:   | _____  |                            |   |  |  |  |
| NAME OF SPOUSE (Diplomas Only):   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center;">(First Name)</td> <td style="width: 40%; text-align: center;">(Last Name)</td> </tr> </table>  | (First Name)               | (Last Name)                             |  |  |  |
| (First Name)  | (Last Name)  |                            |   |  |  |  |
| Head of Chancery / Principal Administrative Officer:  | _____ (Please print name)  |                            |   |  |  |  |
| SIGNATURE:  | _____  |                            |   |  |  |  |
| DATE OF REQUEST: (day/month/year)   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>   |                            |   |  |  |  |
|   |  |                            |   |  |  |  |
| REQUIRED DATES:   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Expiration of Current Pass</td> <td style="width: 50%; text-align: center;">Desired Expiration of Pass to be Issued</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table> | Expiration of Current Pass | Desired Expiration of Pass to be Issued |  |  |  |
| Expiration of Current Pass  | Desired Expiration of Pass to be Issued  |                            |   |  |  |  |
|   |  |                            |   |  |  |  |
| Official seal of Mission/Organization.  |  |                            |   |  |  |  |
| <b>DO NOT MAKE ANY ENTRIES BELOW THIS LINE</b><br>(For Protocol use only)   |  |                            |   |  |  |  |
| Expiration date:  | _____  |                            |   |  |  |  |
| Signature: _____  | Date: _____  |                            |   |  |  |  |
| Code: PR <input type="checkbox"/> DPR <input type="checkbox"/> GO <input type="checkbox"/> DE <input type="checkbox"/> PO <input type="checkbox"/> AD <input type="checkbox"/><br>PS <input type="checkbox"/> PC <input type="checkbox"/> OS <input type="checkbox"/> OC <input type="checkbox"/> |  |                            |   |  |  |  |

| FORM SG.38   |  |              |             |  |  |  |
|--|--|--------------|-------------|--|--|--|
| <b>UNITED NATIONS</b><br>REQUEST FOR UNITED NATIONS GROUNDS PASS<br>FOR FORMER PERMANENT REPRESENTATIVES<br>ISSUANCE <input checked="" type="checkbox"/> RENEWAL <input type="checkbox"/> DUPLICATE <input type="checkbox"/> |  |              |             |  |  |  |
| COUNTRY: _____   |  |              |             |  |  |  |
| PRINCIPAL'S NAME:  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center;">(First Name)</td> <td style="width: 40%; text-align: center;">(Last Name)</td> </tr> </table>                            | (First Name) | (Last Name) |  |  |  |
| (First Name)   | (Last Name)  |              |             |  |  |  |
| POSITION:  | <b>FORMER PERMANENT REPRESENTATIVE</b>   |              |             |  |  |  |
| NAME OF SPOUSE:  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center;">(First Name)</td> <td style="width: 40%; text-align: center;">(Last Name)</td> </tr> </table>                            | (First Name) | (Last Name) |  |  |  |
| (First Name)   | (Last Name)  |              |             |  |  |  |
| Head of Chancery / Principal Administrative Officer:   | _____ (Please print name)  |              |             |  |  |  |
| SIGNATURE:   | _____  |              |             |  |  |  |
| DATE OF REQUEST: (day/month/year)  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table> |              |             |  |  |  |
|  |  |              |             |  |  |  |
| Official seal  |  |              |             |  |  |  |
| NOTE: This form must be accompanied by a signed letter from the current Permanent Representative or Charges d'affaires, s.l.   |  |              |             |  |  |  |
| <b>DO NOT MAKE ANY ENTRIES BELOW THIS LINE</b><br>(For Protocol use only)  |  |              |             |  |  |  |
| Expiration date:   | _____  |              |             |  |  |  |
| Signature: _____   | Date: _____  |              |             |  |  |  |
| Code: Former Permanent Representative  |  |              |             |  |  |  |