**ATT SPONSORSHIP PROGRAMME: APPLICATION FORM**

**NINTH CONFERENCE OF STATES PARTIES TO THE ARMS TRADE TREATY (CSP9)**

Please submit the following documents to the ATT Secretariat at e-mail: [info@thearmstradetreaty.org](mailto:info@thearmstradetreaty.org) by **15 June 2023**:

1. *Note Verbale* signed by the relevant Government institution;
2. Completed application form;
3. Copy of the applicant’s passport;
4. Copy of applicant’s health insurance policy (if applicant has one); and
5. Copy of the applicant’s COVID vaccination certificate (if applicant has one).

**Please type or use BLOCK LETTERS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STATE INFORMATION** | | | | |
| **Name of State** |  | | | |
| **PERSONAL INFORMATION** | | | | |
| **Family Name[[1]](#footnote-1)** |  | | | |
| **First Name** |  | | | |
| **Middle/Other** |  | | | |
| **Date of Birth** |  | | | |
| **Gender (tick box)** | **Male** | | **Female** | |
| **Nationality** |  | | | |
| **Ministry/Department/Agency** |  | | | |
| **Position/Job title** |  | | | |
| **Are you the ATT National Point of Contact for your State?** | **Yes** | | **No** | |
| **E-mail** |  | | | |
| **Mobile Phone Number** |  | | | |
| **Work Phone Number** |  | | | |
| **Contact Address** |  | | | |
| **EMERGENCY CONTACT** | | | | |
| **Name** |  | | | |
| **Phone Number** |  | | | |
| **Relationship** |  | | | |
| **TRAVEL AND INSURANCE INFORMATION** | | | | |
| **Airport of Departure/Return** | |  | | |
| **Do you have a Schengen Visa?** | | Yes | | No |
| **If ‘yes’, when does it expire?** | |  | | |
| **If ‘no’, do you need a Visa Letter to assist your application for a visa?** | | Yes | | No |
| **If ‘yes’, what is the location (address or city) of the embassy/consulate that you are applying for a visa from?** | |  | | |
| **Do you need to travel to another country to obtain a visa?** | | Yes | | No |
| **Do you have health insurance that will cover you on this trip?** | | Yes[[2]](#footnote-2) | | No |
| **Have you been vaccinated against COVID-19?** | | Yes | | No |
| **If ‘yes’, which vaccine did you receive?** | |  | | |
| **If ‘yes’, on what date did you receive your last COVID vaccination shot?** | |  | | |
| **PASSPORT DETAILS** | | | | |
| **Name (as in Passport)** |  | | | |
| **Passport Number[[3]](#footnote-3)** |  | | | |
| **Date of Issue** |  | | | |
| **Date of Expiry** |  | | | |
| **Place of Issue** |  | | | |
| **Type of passport (e.g. diplomatic)** |  | | | |
| **OTHER INFORMATION** | | | | |
| **Please describe how your work will benefit from participation in the ATT meetings:** | | | | |
|  | | | | |

1. Please give the first and family names exactly as they appear in your passport [↑](#footnote-ref-1)
2. Please attach a copy of your policy [↑](#footnote-ref-2)
3. Please attach a copy of your passport [↑](#footnote-ref-3)