

ATT SPONSORSHIP PROGRAMME: APPLICATION FORM (STATE)

CSP5 PREPARATORY MEETINGS AND CONFERENCE IN 2019

Please submit the following documents to the ATT Secretariat at e-mail: info@thearmstradetreaty.org by **07 December 2018**:

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

Please type or use BLOCK LETTERS

STATE INFORMATION		
Name of State		
MEETING INFORMATION		
Please indicate which CSP5 meetings you are applying for sponsorship to attend: <i>(note: the possibility to be sponsored for <u>all</u> meetings is subject to funding availability)</i>		
1. 29 January – 01 February 2019 Working Group Meetings and First CSP5 Informal Preparatory Meeting (Geneva)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. 02 – 05 April 2019 Working Group Meetings and Second CSP5 Informal Preparatory Meeting (Geneva)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. 26 – 30 August 2019 Fifth Conference of States Parties to the Arms Trade Treaty (Geneva)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PERSONAL INFORMATION		
Family Name¹		
First Name		
Middle/Other		
Date of Birth		
Gender (tick box)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Nationality		
Ministry/Department/Agency		
Position/Job title		
E-mail		
Mobile Phone Number		
Work Phone Number		

¹ Please give the first and family names exactly as they appear in your passport

Contact Address		
EMERGENCY CONTACT		
Name		
Phone Number		
Relationship		
TRAVEL AND INSURANCE INFORMATION		
Airport of Departure/Return		
Do you have a Schengen Visa?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes', when does it expire?		
If 'no', do you need a Visa Letter to assist your application for a visa?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
Do you have health insurance that will cover you on this trip?	Yes ² <input type="checkbox"/>	No <input type="checkbox"/>
PASSPORT DETAILS		
Name (as in Passport)		
Passport Number 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:		

² Please attach a copy of your policy
³ Please attach a copy of your passport