



ISA | COMRA
2019 TRAINING PROGRAMME
NOMINATION FORM

Instructions:

The Nomination Form is to be completed by a senior official of the nominating Government or Institution and sent to training@isa.org.jm.

I _____
(Print name of responsible official) (Exact designation/title of the responsible official)

Nominate _____
(Candidate's surname, given name, middle name)

On behalf of the Government/Institution

(Name of Country and/or Institution)

as a candidate for the **ISA / COMRA 2019 TRAINING PROGRAMME**

And I certify that the nominating Government gives the following assurances:

- (a) All information supplied by the candidate is complete and correct;
- (b) The candidate will be made available at the time and for the period required for the training;
- (c) The International Seabed Authority accepts no responsibility for the medical and life insurance of the trainee or financial and any other responsibilities arising from injury, illness, missing or death that may occur to the trainee during the training period.

Name of Nominating Authority:

Address of Nominating Authority:

Signature of Nominating Official:

Position/Title of Nominating Official:

(AFFIX OFFICIAL SEAL OR STAMP)

Date: _____

Tel: _____ Fax: _____

Email: _____