***Nomination Form***

**WCO/Japan Career Development Programme (2023-2024)**

1. *To be completed by - or under the authority of - the Head of the nominating administration, e.g.* ***Director General, Commissioner or equivalent official****, and returned to the Office of the Secretary General of the World Customs Organization (at* *careerdevpro@wcoomd.org**).*

***Please note that the form must be signed by both the Head of the nominating administration and the nominee. Otherwise, the nomination will be considered invalid.***

1. *Please complete this form by typing in it.*

THE CUSTOMS ADMINISTRATION OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOMINATES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Nominee’s current title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Employed by the Customs Administration) from (mm)/ (yyyy)**

 **The nominee applies for the area** *(Please select one or two areas in the followings)*:

|  |  |  |
| --- | --- | --- |
| **🞎 IPR** | **🞎 Risk Management** | **🞎 Compliance (others)** |
| **🞎 Facilitation**  | **🞎 Nomenclature**  | **🞎 Customs Valuation**  |
| **🞎 Origin**  | **🞎 Capacity Building** | **🞎 Others** |
|  |  |
| **The nominee specifies the topic:** |

 ( )

**the nominee, other than English, is proficient in** *(Please specify all blow)****:***

|  |  |  |
| --- | --- | --- |
| **🞎 Arabic** | **🞎 Spanish**  | **🞎 Portuguese** |
| **🞎 Russian** | **🞎 Others ( )**  |

**THE NOMINATING ADMINISTRATION CERTIFIES THAT THE NOMINEE:**

|  |  |
| --- | --- |
| 1. Is a Customs officer of a developing-country Member administration which has active status at the WCO;
 | **Yes 🞎 No 🞎** |
| 1. Has a minimum of 3 years’ experience in Customs;
 | **Yes 🞎 No 🞎** |
| iii) Has a university degree or equivalent professional qualification; | **Yes 🞎 No 🞎** |
| 1. Is proficient in English;
 | **Yes 🞎 No 🞎** |
| 1. Is in good health; and
 | **Yes 🞎 No 🞎** |
| 1. Continues to work in his/her home Customs administration for 3 years at least after the completion of the Programme.
 | **Yes 🞎 No 🞎** |

|  |  |
| --- | --- |
| **DATE AND PLACE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **Signature and seal of Head of the Administration** |
| **Name of signatory :** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Title :** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **DATE AND PLACE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **Signature of the nominee** |
| **Name of nominee :** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |