



Organization Signatory Introduction Form

would like to introduce the below staff members as the authorized/approving officers and/or focal points to process and handle all our official passenger bookings/cargo with WFP

GENERAL INFORMATION

(TO BE COMPLETED BY THE ORGANIZATION)

LEGALLY REGISTERED ORGANIZATION NAME	BUSINESS ADDRESS (STREET, POSTCODE, CITY, COUNTRY)	HEAD OF ORGANIZATION EMAIL ADDRESS	HEAD OF ORGANIZATION TELEPHONE NUMBERS

DETAILS FOR THE AUTHORIZED/FOCAL POINT SIGNATORIES TO APPROVE STAFF TRAVEL BOOKINGS/CONSIGNMENT OF CARGO

	FOCAL POINT (PLEASE INCLUDE EXACT NAME AS SHOWING ON ID CARD)	TITLE/DESIGNATION
1	NAME:	
	EMAIL:	
	TELEPHONE:	
2	NAME:	
	EMAIL:	
	TELEPHONE:	
3	NAME:	
	EMAIL:	
	TELEPHONE:	

I, the Accountable Officer of the above mentioned organization, affirm that the Officers named above possess the delegated authority to authorize the consignment of the organization's cargo and the travel of staff directly employed by the organization on UNHAS aircraft and that such travel/consignment of cargo shall be in accordance with UNHAS rules and regulations currently in force.

NAME IN FULL OF HEAD OF ORGANIZATION:	STAMP
SIGNATURE:	
DATE:	