**Application for the Payment of Allowance for the Official Participant’s Staff**

(Dual copies for one application)

Date of Acceptance: Submission Deadline:

(The above will be filled in by the Organizer)

Date of Application: year/mouth/day:

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| --- | --- | --- |
| Name of the Official Participant: | | |
| Name of the Commissioner General of Section: | | |
| Name of the Authorized Representative of the Commissioner General of Section: | | |
| Telephone: | | Email: |
| Description of Staff | Name: Position:  Job Duration: | |
| Name: Position:  Job Duration: | |
| Name: Position:  Job Duration: | |
| Name: Position:  Job Duration: | |
| Remarks about  Substitute |  | |
| Signature of the Commissioner General of Section or His/hers Authorized Representative: | | |

Note: Please attach paper if the space in the form is not enough.