INTERNATIONAL LABOUR ORGANIZATION



13th African Regional Meeting

Addis Ababa, Ethiopia, 30 November-3 December 2015

Form for credentials of delegations ¹

Name of country ²

¹ Each Regional Meeting shall be composed of **two** Government delegates, **one** Employers' delegate, and **one** Workers' delegate for each State or territory invited by the Governing Body of the International Labour Office to be represented at it (article 1, paragraph 1, of the *Rules for Regional Meetings* – bold type added). The nomination of other types of participants is optional. As regards technical advisers, it should be borne in mind that there is only one item on the agenda.

² State or territory invited.

Minister attending the Meeting

Mr/Ms	Surname (family name)	First name (personal name)	Position/title	Passport information	Email address
				Country of issue: Passport number:	
				Issue date:	
				Expiry date:	

Accompanied by:

Mr/Ms	Surname (family name)	First name (personal name)	Position/title	Ministry/institution	Passport information	Email address
					Country of issue:	
					Passport number:	
					Issue date:	
					Expiry date:	

Government delegates

1.	Mr/Ms	Surname (family name)	First name (personal name)	Position/title	Ministry/institution	Passport information	Email address
						Country of issue: Passport number: Issue date: Expiry date:	
2.						Passport information Country of issue: Passport number: Issue date: Expiry date:	Email address

Advisers

Mr/Ms	Surname (family name)	First name (personal name)	Position/title	Ministry/institution	Substitute	Passport information	Email address
					delegate? ³		
						Country of issue:	
						Passport number:	
						Issue date:	
						Expiry date:	

³ Please indicate **yes** if the adviser is also nominated as a substitute delegate. An adviser who is acting as substitute for his/her delegate may speak and vote under the same conditions as the delegate who is being replaced (Art. 1, para. 4, of the Rules for Regional Meetings).

Employers' delegate

Mr/Ms	Surname (family name)	First name (personal name)	Position/title	Organization	Passport information	Email address
					Country of issue: Passport number: Issue date: Expiry date:	

Advisers

Mr/Ms	Surname (family name)	First name (personal name)	Position/title	Ministry/	Substitute	Passport information	Email address
				organization	delegate? 4	Communication	
						Country of issue:	
						Passport number:	
						Issue date:	
						Expiry date:	

⁴ Please indicate **yes** if the adviser is also nominated as a substitute delegate. An adviser who is acting as substitute for his/her delegate may speak and vote under the same conditions as the delegate who is being replaced (Art. 1, para. 4, of the Rules for Regional Meetings).

Workers' delegate

Mr/Ms	Surname (family name)	First name (personal name)	Position/title	Organization	Passport information	Email address
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Country of issue:	
					Passport number:	
					Issue date:	
					Expiry date:	

Advisers

Mr/Ms	Surname (family name)	First name (personal	Position/title	Ministry/organization		Passport information	Email address
		name)			delegate? ⁵	Country of issue:	
						Passport number:	
						Issue date:	
						Expiry date:	

⁵ Please indicate **yes** if the adviser is also nominated as a substitute delegate. An adviser who is acting as substitute for his/her delegate may speak and vote under the same conditions as the delegate who is being replaced (Art. 1, para. 4, of the Rules for Regional Meetings).

Other information

The information requested below, concerning the employers' and workers' organizations consulted for the nomination of the delegation as well as the extent to which the government has paid the participation expenses of the tripartite delegation, is necessary for the Credentials Committee to discharge its functions.

Organizations consulted for the nomination of the delegation

Employers' organizations	
Workers' organizations	

Payment of expenses of the delegation
Please cross the appropriate box
Expenses paid for the whole delegation \Box
Expenses paid for part of the delegation \Box
Please indicate, for each group, the number of persons whose expenses have been borne by the Government:
Part of the expenses paid for the whole delegation \Box
Please indicate the expenses paid (travel, subsistence):

Part of the expenses paid for part of the delegation \Box
Please indicate, for each group, the number of persons whose expenses have been paid and the type of expenses paid (travel, subsistence):
Done in
Signature
Name
Function

Please return this form, duly signed by the appropriate government authority, at the latest by Monday, 2 November 2015, to:

Office of the Legal Adviser International Labour Office CH-1211 Geneva 22 Fax: +41 22 799 84 70

Email (attach scanned image of signed original): credentials@ilo.org