**Intergovernmental Coordination Group for the**

**Indian Ocean Tsunami Warning and Mitigation System (ICG/IOTWMS)**

**Biennial Elections for Chairperson and Vice Chairpersons**

**Form A – Chairperson**

Name of Member State: ……………………………………………………………………...

Name of Nominee: ……………………………………………………………………………

I declare that I am prepared to stand for election to the post of Chairperson of the ICG/IOTWMS and, if elected, to take an active part in the work of it.

Signature of the Nominee: ………………………………………………….

***Seconder 1 Seconder 2***

Member State of the ICG/IOTWMS ………………. …………………

Name in capitals ………………. …………………

Position ………………. …………………

Signature ………………. …………………

Date sent to the IOC Secretariat Date and time received by the IOC Secretariat

…………………………………… ……………………………………………………..

**Intergovernmental Coordination Group for the**

**Indian Ocean Tsunami Warning and Mitigation System (ICG/IOTWMS)**

**Biennial Elections for Vice-Chairpersons**

**Form B – Vice-Chairperson**

Name of Member State: ……………………………………………………………………...

Name of Nominee: ……………………………………………………………………………

I declare that I am prepared to stand for election to the post of Vice-Chairperson of the ICG/IOTWMS and, if elected, to take an active part in the work of it.

Signature of the Nominee: ………………………………………………….

***Seconder 1 Seconder 2***

Member State of the ICG/IOTWMS ………………. …………………

Name in capitals ………………. …………………

Position ………………. …………………

Signature ………………. …………………

Date sent to the IOC Secretariat Date and time received by the IOC Secretariat

…………………………………… ……………………………………………………..

**Intergovernmental Coordination Group for the**

**Indian Ocean Tsunami Warning and Mitigation System (ICG/IOTWMS)**

**Biennial Elections**

**Form C – CV of nominee**

[**NAME**]

Date of birth:

Languages:

Address:

Phone number:

Fax number:

Email:

*CURRENT POSITION*

[Please insert text]

*EDUCATION*

[Please insert text]

*PREVIOUS PROFESSIONAL EXPERIENCE*

[Please insert text]