

Sponsor's Nomination and Certification Form ¹

Sponsor's First Name			Sponsor's Middle Name			Sponsor's Family Name		
Mr ☐	Ms ☐	Mrs ☐	Sponsor's Nationality					
Sponsor's Job Title			Country					
Section/Division			Agency Phone					
Department			Agency Fax					
Agency Name			Agency Alternative Fax					
Agency Street Address			Agency E-Mail Address					
Agency City and Postal Code			Agency Web Address					

I, the undersigned, acting on behalf of the above named agency where the applicant is employed, hereby sponsor the following applicant, and certify the information below.

Name of Applicant _____ Course Name _____
and Course Number _____ in Singapore.

- The information supplied by the applicant on the preceding page is correct.
- The applicant is fluent in English.
- The applicant, if accepted as a participant in the course, will receive a leave of absence with regular pay for the duration of the course and, on return, will be employed in:

☐ present position

☐ a new position at (name of agency) _____
as (new position) _____

- The applicant, if accepted, will be given no other duties or assignments during the period of the course.
- The participant or the participant's sponsoring agency will be responsible for purchasing the participant's round-trip air ticket to Singapore and for making all travel arrangements. Participants will be reimbursed a fixed amount for their tickets and travel expenses upon arrival in Singapore, and no additional amounts will be paid thereafter.
- In case of withdrawal of a confirmed participant after the STI has prepaid the airline ticket, the sponsoring agency will be responsible for any travel costs incurred by the STI (cancellation fees or full amount of ticket).
- The sponsoring agency will be responsible for the costs of the participant's repatriation, if any personal difficulties in circumstances arising during his/her participation in the course should render repatriation necessary before the course ends.
- If the applicant is accepted, he/she should be in good health in order to be able to participate fully in the course. Participants are expected to be free of any contagious disease, pre-existing medical condition, or physical or mental disability that may prevent regular attendance in the course. Please note related information under Administrative Arrangements.
- The STI will be reimbursed promptly by the sponsoring agency for all medical expenses that the STI incurs as a result of any of the conditions mentioned in 5 and 6 above, as well as for any medical expenses incurred by participants, which are not covered by the STI's medical insurance policy (including pregnancy-related expenses).



Date: _____ Certifying Sponsor's Signature: _____

Complete form should be sent to:

Director
IMF – Singapore Regional Training Institute
10 Shenton Way, MAS Building #14-03, Singapore 079117, Republic of Singapore
Fax: +65 6225 6080

¹A maximum of three candidates per agency can be nominated for one course.