



International Labour Office
Bureau international du Travail
Oficina Internacional del Trabajo



THIRD MEETING OF THE SPECIAL TRIPARTITE COMMITTEE OF THE MLC, 2006
(GENEVA, 23-27 APRIL 2018)

NOMINATION FORM FOR GOVERNMENT REPRESENTATIVE
(Please type or print in block letters)

NAME OF COUNTRY

Mr: ☐ **Ms:** ☐ **NOMINATED REPRESENTATIVE** ☐ **ADVISER** ☐

SURNAME: _____

FIRST NAME(S): _____

DESIGNATION OR TITLE: _____

NAME OF INSTITUTION: _____

INSTITUTION

Street: _____

City: _____ **Post Code:** _____

Country: _____ **Email:** _____

Telephone No.: _____ **Fax No.:** _____

Done in: _____ **on** _____

Signature: _____

Please return this form duly signed by the appropriate Government authority to:

International Labour Standards Department

Route des Morillons 4

CH-1211 Geneva 22

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Email (*attach scanned image of signed original*):

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