

PROTOCOL FORM PREPARATORY COMMISSION FOR THE COMPREHENSIVE NUCLEAR-TEST-BAN TREATY ORGANIZATION

Please	e note that this accreditation is for the CTBTO Preparatory Commission only.
Please choose one of the f	ollowing:
Arrival of a diplomatic	e member and/or spouse
Extension of a grounds	s pass (diplomatic / expert / support staff)
Departure of a member	r of the Mission (diplomatic / expert / support staff)
Promotion / change of	the function of a member of the Mission
* Permanent Mission:	
* Name:	☐ Mr ☐ Ms ☐ Mrs First Name:
	Family Name(s):
* Diplomatic Rank:	(Copy of diplomatic passport or legitimation card to be attached
* Function in Mission:	Permanent Representative
	Alternate Permanent Representative
	Adviser to the Permanent Representative
	Expert Staff
	Support Staff (please specify title):
* Date of Birth:	
* Nationality:	
* Marital Status:	* Name of Spouse:
* Date of Arrival:	* Date of Departure:
Order of Precedence in	the Permanent Mission Listing:
Extension:	
Mobile Phone:	
Direct email address:	Include this address in the distribution list for note
	verbales and other official communications
* Please note that accred	litation will not be processed unless all obligatory fields are completed.
Please return the completed	form to the following address (advanced copies can be sent electronically or by fax):
Protocol Office	Tel: +43 (0) 1 26030 6112
Room E0714 CTBTO	Fax: +43 (0) 1 26030 5960 Email: protocol@ctbto.org
Vienna Internatio Vienna, Austria	1
	collected in person from the VIC Pass Office at Gate 1, which is open on weekdays from asses should be returned upon conclusion of the assignment to the Pass Office.
Please also stamp with the official se	
-	
* Signature: Permanent	Representative
reimanent	Representative
* Date:	