World Organisation for Animal Health

Nomination Form for WOAH Focal Point

Please return to: **focal_points_notification@woah.org**

Please complete all the mandatory fields (*) of this 2-page form.		
Focal Point for:** ***Please mark an 'X' in the relevant box on the right.		**Aquatic Animals**
		Animal Disease Notification
		Animal Production Food Safety
		Animal Welfare
		Communication
		Veterinary Laboratories
		Veterinary Products
		Wildlife
Official or Substitute Focal Point:** ***Please mark an 'X' in the relevant box on the right.		Official
		Substitute
***Date of start of mandate:**		DD/MM/YYYY
Title: ***Please mark an 'X' in the relevant box on the right.***		Mr
		Mrs
		Ms
		Dr
***First name(s):**		Please complete
***Surname(s):**		Please complete
Gender:** ***Please mark an 'X' in the relevant box on the right.		Man
		Woman
		Prefer not to say
***Preferred language of communication:**		English
		Español

Please mark an 'X' in the relevant box on the right.		Français
***Country or Territory:**		Please complete
***Job title:**		Please complete
***Name of Department and Institution / Ministry:**		Please complete
***Login email for all WOAH applications (must be unique for each user):**		Please complete
***Communication/contact email (the email address where you receive communications):**		Please complete
***Work phone number (incl. Country Code):**		Please complete
***(Optional)* Mobile number (incl. Country Code):**		
***Work postal address (Building Number, Street, Postcode, City):**		Please complete
***Signature and stamp of WOAH Delegate**		Please complete