



**Advanced Workshop on Meteorological Warnings" 6-16 November
2017 at the IMS/WMO RTC-Bet-Dagan Israel**

DRA/ETR/TRA

**PLEASE READ CAREFULLY THE INSTRUCTIONS FOR THE USE OF THIS FORM PROVIDED ON
PAGE 3**

AND

RETURN IT, WITH A COPY OF YOUR PASSPORT,

BEFORE: asap

To the secretary responsible for the meeting: tra@wmo.in

1. PARTICIPANT

Please complete the following form by typing, IN FULL, the following MANDATORY information as it appears exactly in your passport (no handwriting):

Gender	Male ☒ Female ☐		
FAMILY NAME	Kroonenberg		
MAIDEN NAME (if applicable)			
First Name	Franklin		
Nationality	Netherlands		
Place of birth	Tilburg	Date of birth (DD/MM/YY)	25/12/1953
Passport number	NNR7D2L33	Validity (DD/MM/YY)	03/03/2027
Holding US visa	Yes ☐ No ☐ Not applicable ☐		
Schengen visa	Yes ☐ No ☐ Not applicable ☐		
Address	Hugo de Grootstraat 13		
City	Utrecht	Postal code	3581 XR
Country	Netherlands		
Mobile phone number	+31652595094	Office phone number	+31652595094
E-mail address	Frank.kroonenberg@gmail.com		

2. ASSISTANCE FROM WMO FOR TRAVEL

Request arrival flight on Sat 11 Nov & departure Fri 17 nov. morning

Assistance requested: ☒ yes ☐ no

Once you receive a proposed itinerary from the WMO travel agency, please confirm it and send it to the WMO secretary responsible for the meeting.

Please check that the e-mail you receive clearly states that it is an "ELECTRONIC TICKET". If not, it is most probably an itinerary waiting for your confirmation.

~~3. ASSISTANCE FROM WMO FOR DAILY SUBSISTENCE ALLOWANCE (DSA)~~

~~To request DSA, please provide the following information.~~

~~Allowable DSA, Terminal Expenses and other refundable expenses will be transferred to you in advance of the meeting, provided that your request has been received before the deadline indicated on page 1 of this form.~~

3.1 Request

Assistance requested: ☐ yes ☐ no

3.2 Payment procedure

(i) Preferred payment method is by **bank transfer**

☐ ~~CHF~~ Swiss Francs, ☐ ~~USD~~ US Dollars, ☐ ~~EUR~~ Euros

Please indicate full bank details:

Name of the bank:			
Address:			
Name of account holder			
Account number		Currency of bank account	
SWIFT Code			
ABA Code (USA)/BSB(AUD)			
SORTCode (UK)/Transit(CAD)			
IBAN Code/ CLABE(MEX)			

(ii) Through UNDP Office (~~USD~~) ☐

(iii) Payment by Swiss Bankers Card ☐ ~~CHF~~, ☐ ~~USD~~, ☐ ~~EUR~~

(iv) Payment by reloading of existing Swiss Bankers Card in my possession
☐ ~~CHF~~, ☐ ~~USD~~, ☐ ~~EUR~~

4. INFORMATION ON SUPPORT RECEIVED IN ADDITION TO WMO ASSISTANCE

4.1 Declaration

No additional support received ☐ OR Additional support received ☒

4.2 Information

In case additional support is received, please indicate type of funding (e.g. ticket, subsistence allowance, accommodation, meals, local transportation) and estimated value:

IMS will support me with the hotel funding

5. APPLICABLE RULES AND INSTRUCTIONS

The travel shall be conducted in accordance with relevant WMO rules and instructions. An excerpt of these is provided in the Annex to this form. Please read it carefully.

By signing this form, I confirm that the information provided in this form is correct to the best of my knowledge and that I shall comply with the relevant WMO rules and instructions.

If it is determined that the travel advance exceeded the amount of reimbursable travel expenses I shall refund WMO this difference.

Signature of the participant:

Date: 16-10-2017