Addis Ababa 24-27 April 2007

Eleventh African Regional Meeting

Form for credentials of delegations¹

		Name of coun	try		
		Minister attending the	he Meet	ing	
Ar/Ms	Surname (family name)	First name (personal name)		Position/title	
ccom	panied by:				
Ir/Ms	Surname (family name)	First name (personal name)	Position/tit	tle	Ministry/institution

¹ Each Regional Meeting shall be composed of **two** Government delegates, **one** Employers' delegate, and **one** Workers' delegate for each State or territory invited by the Governing Body of the International Labour Office to be represented at it (article 1, paragraph 1, of the *Rules for Regional Meetings* – bold type added). The nomination of other types of participants is optional. As regards technical advisers, it should be borne in mind that there is only one item on the agenda.

Government delegates

1.	Mr/Ms	Surname (family name)	First name (personal name)	Position/title	Ministry/institution
2.					

Advisers

Mr/Ms	Surname (family name)	First name (personal name)	Position/title	Ministry/institution	Substitute delegate? ²

Employers' delegate

Mr/Ms	Surname (family name)	First name (personal name)	Position/title	Organization

Advisers

Mr/Ms	Surname (family name)	First name (personal name)	Position/title	Ministry/organization	Substitute delegate? ²

² Please specify if the adviser is also nominated as a substitute delegate. An adviser who is acting as substitute for his/her delegate may speak and vote under the same conditions as the delegate who is being replaced (Art. 1 (2)(3) of the Rules for Regional Meetings).

Workers' delegate

Mr/Ms	Surname (family name)	First name (personal name)	Position/title	Organization

Advisers

Mr/Ms	Surname (family name)	First name (personal name)	Position/title	Ministry/organization	Substitute delegate? ²

Other information

The information requested below, concerning the employers' and workers' organizations consulted for the nomination of the delegation as well as the extent to which the government has paid the participation expenses of the tripartite delegation, is necessary for the Credentials Committee to discharge its functions.

Organizations consulted for the nomination of the delegation

Employers' organizatio	ns	
Workers' organizations		

Payment of expenses of the delegation

Please cross the appropriate box

Expenses paid for the whole delegation				
Expenses paid for part of the delegation				
Please indicate, for each group, the number of persons whose expenses have been borne by the Government:				
Part of the expenses paid for the whole delegation				
Please indicate the expenses paid (travel, subsistence	ce):			
Part of the expenses paid for part of the delegation				
Please indicate, for each group, the number of persetype of expenses paid (travel, subsistence):	ons whose expenses have been paid and the			
Done in, on	[2007]			
Signature				
Name				
Function				

Please return this form, duly signed by the appropriate government authority, by 9 April 2007, to:

Office of the Legal Adviser International Labour Office CH-1211 Geneva 22 Fax: +41 22 799 84 70

Email (attach scanned image of signed original): credentials@ilo.org