



**INTERNATIONAL EMERGENCY MANAGEMENT ORGANIZATION
(IEMO)**

IEMO A/1 Form
FORM FOR SAFE CONDUCT

DATE ____ / ____ / ____ PLACE _____

IEMO-DSS A/1

FAMILY NAME	
GIVEN NAME(S)	

DATE OF BIRTH	
NATIONALITY	
SEX	
HEIGHT	
COLOUR OF HAIRS	
COLOUR OF EYES	
ADDRESS	
CITY	
ROAD, NUMBER	
P.O.Box.	
STATE	
ZIP CODE	
TELEPHONE	
FACSIMILE	
CELL PHONE	
E-MAIL	

OFFICIAL STATEMENT

I hereby engage in discharging my duties at the Service of the IEMO as Volunteers goodwill charge and with highest level of diligence end integrity and with the highest moral and institutional commitment. I understand that the IEMO Organization declines any whatsoever responsibility for any improper use of the Safe-Conduct and therefore I officially assume full personal responsibility for the correct use of the Safe Conduct.

I officially engage to keep the Safe Conduct in good custody and in good standing, at the best of my capacities, without altering its format or content or letting somebody have access to it.

I also declare to understand that the utilization of the Safe Conduct is restricted for official use, to facilitate the accomplishment of my assistance tasks at the service of IEMO, remembering that the Safe Conduct is a document exclusively valuable for service purposes valid only if used as annex to an Official National ID or Passport and in strict observance of the relevant national and international laws and regulation in force.

I declare to bear no whatsoever penal condemnation.

I also engage in:

- a) respecting the high moral profile and humanitarian mandate of IEMO
- b) diligently respect Secretarial Directives and Council Decisions
- c) refraining to any non- authorized or arbitrary actions and acts concerning IEMO ,

I understand that :

-The Charges is unpaid and benevolent, performed as act of Goodwill and voluntarism, so without any whatsoever economic compensation from the Organization.

I pledge oath of confidentiality on every public and private act concerning the organization, its copyrights and programmes;

I, the undersigned de hereby authorize the IEMO Organization to the treatment of my personal data, in observance to the relevant national and international Privacy Laws and regulations in force.

I the undersigned, hereby solemnly declare that the statements herein are true and correct.

Date_____

Signature_____

Please ATTACH:

- 1) photo JPEG format 300 dpi, 3cm width x 4 cm height**
- 2) Signed Copy of national Passport**