



Conference of the States Parties to the United Nations Convention against Corruption

Contact details form*

Please specify the type of organization:

Intergovernmental organization Non-governmental organization

Official name of the organization as it appears in legal documents:

Official address: _____

City: _____ Zip/Postfix: _____

Country: _____

Main telephone of the organization: _____
Please specify (country code-city code) +number

Main fax of the organization: _____
Please specify (country code-city code) +number

E-mail: _____ WWW Site: _____

Name and position of the Head of the organization:

(Mr., Ms.)	First name	Middle name	Last name
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Position

Telephone of the Head of the organization : _____
Please specify (country code-city code) +number

Fax of the Head of the organization: _____
Please specify (country code-city code) +number

E-mail of the Head of the organization: _____

* Please print clearly and accurately.

Name and position of the contact point for the organization, if different to the Head of the organization:

(Mr., Ms.)	First name	Middle name	Last name
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Position

Telephone of the contact point: _____
Please specify (country code-city code) +number

Fax of the contact point: _____
Please specify (country code-city code) +number

E-mail of the contact point: _____

Please give a brief description of the theme and activities of the organization relevant to the United Nations Convention against Corruption (50-100 words only).

Signature of the Head of the organization:

(Mr., Ms.)	First name	Middle name	Last name
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Signature: _____ Date: _____

Please notify the secretariat of any changes as soon as possible. This applies particularly to the contact point in order to ensure smooth communications regarding other session related information.