

# DESIGNATION OF PERSONAL REPRESENTATIVES

Strictly confidential

Dominique Rwema Bagirishya

born on 16 / 09 / 1999

☐ Fixed-term and temporary staff

☒ Non-staff (Consultants, Interns)

## Period of contract with WHO

From:

To:

In the event that I become seriously ill, sustain an accident or die whilst in the service of the World Health Organization, please inform the person(s) listed below. The person named as Contact 2 should not be sent any sort of communication until sufficient time has elapsed permitting the person named as Contact 1 to have conveyed the news. The person named as Contact 3 should only be contacted if the attempt to reach the two other contacts has been unsuccessful.

Full Name of Contact 1	Relationship	Sex (F/M)	Language spoken	Other remarks
Abayo Yvette Sandrine	Sister	F	English & French	
Phone: +250781724739 E-mail: sandoyvette1@gmail.com Address: Kigali, Rwanda.				
Full Name of Contact 2	Relationship	Sex (F/M)	Language spoken	Other remarks
Bigirabagabo Rwema Bernardin	Brother	M	English	
Phone: +250782428742 E-mail: rwemabernardin4@gmail.com Address: Nyagatare, Rwanda.				
Full Name of Contact 3	Relationship	Sex (F/M)	Language spoken	Other remarks
Mpayimana Cyiza Landry	Brother	M	English	
Phone: +250780105612 E-mail: cyizalandry5@gmail.com Address: Kigali, Rwanda.				

In the event of my death in the service of the Organization, all official correspondence regarding my status, pay, allowances, refunds, etc. should be addressed to:

Full Name	Status of the person (Friend, Executor, Relative, Bank Manager)
Bigirabagabo Rwema Bernardin	Relative
Phone: +250782428742 E-mail: rwemabernardin4@gmail.com Address: Nyagatare, Rwanda.	

BAGIRISHYA RWEMA DOMINIQUE  
*Written signature of designator in full)*

12/03/2024  
*Day, month, year*

NOTE: Should you wish to update this form at any time, please contact your HR focal point.