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**DESIGNATION OF PERSONAL REPRESENTATIVES**

Strictly confidential

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Dominique Rwema Bagirishya* | |  | born on | | *16 / 09 / 1999* |  |  | | |
|  | |  |  | |  |  |  | | |
| **Fixed-term and temporary staff X 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 contatcs has been unsuccessul. | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 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  Adress: 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  Adress: 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  Adress: 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  Adress: Nyagatare, Rwanda. | |   BAGIRISHYA RWEMA DOMINIQUE 12/03/2024 | | | | | | | | |
| *Written signature of designator in full)* |  | | | *Day, month, year* | | | |

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