FORM SG.34

UNITED NATIONS

REQUEST FOR UNITED NATIONS GROUNDS PASS

FOR MEMBERS OF SPECIALIZED AGENCIES

ISSUANCE 0 RENEWAL 0 DUPLICATE 0

ORGANIZATION:

PRINCIPAL’S NAME:

(First Name) (Last Name)

FUNCTIONAL TITLE:

NAME OF SPOUSE:

(First Name) (Last Name)

Head of Chancery / Principal Administrative Officer:

(Please print name)

SIGNATURE:

Date Official seal

DO NOT MAKE ANY ENTRIES BELOW THIS LINE

(For Protocol use only)

Expiration date:

Signature: Date:

Liaison Officer

Code: AD OS OC