

Declaration of Relatives Employed at CIMMYT

1. Do you have any family member working for CIMMYT? Yes ☐ No ☐

(Spouse/Partner, Children, Siblings, Parents, etc.)

2. If you answer was YES, please provide the following information.

Name of Relative working for CIMMYT	Position
Program	Department
Supervisor	Relationship to you

I certify that the information provided by me on this form is true and complete to the best knowledge and belief. Any and all information obtained through this form shall be treated confidentially.

Full Name and Signature

Date