



MC.INF/8/09
9 November 2009

ENGLISH only

CIRCULAR NOTE Nr 6

The Ministry of Foreign Affairs of Greece presents its compliments to the Missions and Delegations accredited to the Organization for Security and Co-operation in Europe, the Mediterranean Partners for Co-operation and the Asian Partners for Co-operation, the International Organizations, and the OSCE Secretariat, and has the honour to inform them as follows.

Delegations whose Ministers for Foreign Affairs and/or Heads of Delegations shall be accompanied by national security officers, are reminded to submit the special accreditation form for security personnel.

Security officers should also be listed in a separate note verbal including information concerning fire arms and radio frequencies, detailing:

- type and serial number
- amount of ammunition
- radio equipment used during the visit
- arrival and departure information

Please send the note verbale to:
Ministry of Foreign Affairs
Protocol Department,
Greek OSCE Chairmanship Task Force
Fax: +30 210.3683269
e-mail: [**megamark@mfa.gr**](mailto:megamark@mfa.gr)

The Ministry of Foreign Affairs of Greece avails itself this opportunity to renew to the Missions and Delegations accredited to the Organization for Security and Co-operation in Europe, the Mediterranean Partners for Co-operation and the Asian Partners for Co-operation, the International Organizations, and the OSCE Secretariat the assurances of its highest consideration.

Athens, 9 November 2009

Enclosed: Registration Form



REGISTRATION FORM

Kindly fill in all fields of the Form, in clear capital letters or typing and return to the Greek OSCE Task Force, at the e-mail regmc09@mfa.gr or fax at +30 210 3682430

Mailing address: Ministry of Foreign Affairs 3, Akadimias str., 106 71 Athens, Greece

PLEASE NOTE that your registration form must be accompanied by two passport size face photos in .jpg format.

To proceed in typing, please click on the grey area, next to the field you wish to fill

Registration form for Security Personnel

S.

ORGANIZATION

:

Organization's Contact Person

Surname/ Name

:

Telephone

:

Mobile Phone

:

Fax

:

E-mail

:

Delegate's Details

Mr.

Mrs.

Ms.

Surname

:

Name

:

Title / Function

:

Mailing Address

:

Postal Code

:

City : _____

Country : _____

Phone : _____

Mobile Phone : _____

Fax : _____

E-mail : _____

Date of Birth : _____

Place of Birth : _____

Nationality : _____

Passport Number : _____

Date/Place of Issue : _____

Blood Type : _____

Type of firearm(s) : _____

Serial number(s) : _____

Amount of ammunition : _____

Additional security equipment : _____

Travel Details

By Plane

By Train

By Car

Arrival

Arrival Date : _____

Arrival Time : _____

Flight Number : _____

Departure By Plane By Train By Car

Arrival Date : _____

Arrival Time : _____

Flight Number : _____

Hotel : _____

Date : _____ Signature : _____