WHO Prequalification Team: medicines

Collaborative Procedure Between World Health Organization (WHO) and Selected National Medicines Regulatory Authorities (NMRAs) in Inspection Activities

Detail of External Expert

Dear colleague,

Thank you very much for agreeing to contribute to the activities of the WHO Prequalification Team.

Please fill in the table below with your personal details (*preferably electronically*) and return to us as an attachment by email. The data is required to prepare a contract with you for the work and to make any relevant payments (including per diem if travel is involved), and also to cover any travel/security matters.

With thanks from the Prequalification Team.

|  |  |
| --- | --- |
| **Personal details of account owner** | |
| Family name |  |
| First Name |  |
| Sex |  |
| Date of birth |  |
| Nationality |  |
| Address  (full mailing address) |  |
| Telephone  (home/mobile/work/fax) |  |
| E-mail |  |
| Passport Details | Passport Number:  Issuance date:  Expiry date: |

|  |  |
| --- | --- |
| **Bank account details** | |
| Account Holder Name |  |
| Bank name |  |
| Bank Branch address  (incl country) |  |
| Bank SWIFT code  (or BIC) |  |
| Account number |  |
| Account IBAN |  |
| Preferred Currency \* |  |

\* The payment can be made in USD, euro and some other major currencies