THE CONSTITUTIONAL COUNCIL

Appointment of members to the Office on Missing Persons

Instructions

- 1. Please use block capitals throughout this form if not typewritten.
- 2. If the space provided is insufficient for the particulars required, such particulars may be given in a separate schedule(s) with appropriate reference to such accompanying schedules and such schedules should also be signed.
- 3. The application should be attested as required in the last page of the application.
- 4. Applications can be submitted by registered post or by email. If applications are submitted by email, the duly completed original document should be scanned and e-mailed. The scanned document should be clear and fit for print.

1. Personal Information

1.1. Last Name:
1.2. Other names in full:
1.3. Preferred/Commonly Used Name:
1.4. Gender
b) Private
1.8. E mail ID: 1.9. Telephone No: a) Official
1.14 NICN - 1
1.14. NIC Number:

2. Family Info	rmation		
2.1. Marital Status: (Tic 2.2. Full name of Spous			SeparatedSingle
2.3. Profession/Occupat	ion of Spouse:		
2.4. Employer of Spous	e:		
			······································
2.5. Are you or your spo 2.6. Names of children a) Yes No
Name of child		Profession/occupa	ation
(a) Academic Examination passed	Date	Inst	titution
(b) Professional:			
Qualification obtained	Date	In	stitution

4. Employment History

Employment: (List most recent to earliest) Period Post Held Employer/Dept/Organization From-To 5. **Personal History** 5.1. Have you been convicted of any offence? (Tick) Yes...... No....... If yes give full particulars 5.2. Do you have any pending litigation against you before any Court of Law? (Tick) Yes..... No..... If yes give full particulars If yes give full particulars 5.4. Conflicts of interest: Indicate any investments, contracts, obligations, liabilities, promises, undertakings or relationships you or your spouse or any of your children may have which conflicts or which may be reasonably perceived to conflict with your duties as an independent member of the Office on Missing Persons (OMP)

5.5. Any other information you wish to provide
6. Eligibility
Section 4(2)(b) of the Office on Missing Persons (Establishment, Administration and Discharge of Functions) Act No. 14 of 2016 stipulates that the members of the Office on Missing Persons shall be persons with previous experience in fact finding or investigation, human rights law, international humanitarian law, humanitarian response, or possess other qualifications relevant to the carrying out of the functions of the Office on Missing Persons.
6.1. Which of the aforementioned fields do you have previous experience in?
6.2. State any and all relevant information that demonstrates your previous experience in your respective field or profession.
This may include membership of professional fraternal, civil, charitable or other organizations (list offices held with dates), publications (title, publisher, place and date of publication), conferences attended (name, place, date and capacity in which you attended), National/Professional/Academic/ Other Honours, Awards, Distinctions (with dates of award).
6.3. Have you previously served on the Office on Missing Persons? If yes, state the time period during which you served as a member

a judicial or public offic	cer, or in the employment of	rovincial Council or a Local Authority, of the State in any capacity whatsoever?
yes, state the relevant pa	articulars.	
		for the consideration of your applicatio
to be a member of the O	ffice on Missing Persons.	
Date		Signature
(To be completed by a .	Justice of Peace/ Commissio	ner of Oaths/ Attorney-at-Law/ Notary
Public)		
,	····· < insert the	name of the applicant>····
I hereby certify that		name of the applicant>
I hereby certify that		his/ her sign before me on < date>
I hereby certify that		