

# IMF – Singapore Regional Training Institute Sponsor's Certification Form

Sponsor's Given Name/First Name	Sponsor's Middle Name	Sponsor's Surname/Family Name
Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/>	Name of Human Resources (HR) Manager	
Sponsor's Job Title	Agency City	
Section/Division	Agency Country	
Department	Sponsor's Phone	
Agency Name	Sponsor's E-Mail Address	

I, the undersigned, acting on behalf of the above-named agency where the applicant/nominee is employed, hereby sponsor the following applicant/nominee, and certify the information below, together with the information supplied by the applicant/nominee on the Application/Nomination Form.

Applicant's/Nominee's Name \_\_\_\_\_  
 Course Name \_\_\_\_\_  
 Course Number \_\_\_\_\_  
 Course Date \_\_\_\_\_

1. The applicant/nominee, if invited to the course, will receive a leave of absence with regular pay for the duration of the course, will be given no other duties or assignments during the period of the course and, on return, will resume current duties, or assume a new position with equal or greater responsibility.
2. In case of withdrawal of a confirmed participant after the STI has prepaid the airline ticket, the sponsoring agency will be responsible for any travel costs incurred by the STI; and the sponsoring agency will be responsible for the costs of the participant's repatriation, if any personal difficulties or circumstances arising during his/her participation in the course should render repatriation necessary.
3. If the applicant/nominee is accepted, he/she should be in good health, free from any contagious disease, pre-existing medical condition or disability that may prevent regular attendance in the course.
4. The STI will be reimbursed promptly by the sponsoring agency for all expenses that the STI incurs as a result of any of the conditions mentioned in 2 and 3 above, as well as for any medical expenses incurred by participants (including pregnancy-related expenses). The STI does not provide participants with health insurance benefits for courses held in Singapore and outside Singapore.



Date \_\_\_\_\_ Certifying Sponsor's Signature \_\_\_\_\_

Date \_\_\_\_\_ Certifying HR Manager \_\_\_\_\_