



## WFP - UNHAS Yemen

### United Nations Humanitarian Air Service Focal Point Assignment Form

PLEASE WRITE IN CAPITAL LETTERS ONLY . FORWARD TO UNHAS.YEMEN@WFP.ORG			
Name of Organization (In Full) :			
Contact Number :			
Contact Name:			
PLEASE PROVIDE NAMES OF FOCAL POINT AS WELL AS AN ALTERNATIVE IN CASE OF ABSENCE			
<b>Full Name of passengers booking focal point:</b>	<b>E-mail :</b>	<b>Cell/Phone :</b>	<b>Signature:</b>
<b>Full Name of Deputy Focal point :</b>	<b>E-mail :</b>	<b>Cell/Phone :</b>	<b>Signature:</b>
<b>Full Name of Alternate Focal point</b>	<b>E-mail :</b>	<b>Cell/Phone :</b>	<b>Signature:</b>
<b>FULL NAME OF HEAD OF UN Agency /NGO Responsible (IMPORTANT):</b>		<b>Signature:</b>	
<b>Date &amp; Stamp :</b>		<b>E-mail Address:</b>	

\* PLS. NOTE THAT FOCAL POINTS WILL DETERMINE THE ELIGIBILITY OF PASSENGERS, AND BE SOLELY RESPONSIBLE FOR THE CONTENTS OF ALL BOOKING FORMS FORWARDED BY HIS/HER ORGANIZATION/IP. FURTHERMORE, FOCAL POINTS E-MAIL ADDRESSES/SIGNATURES WILL BE THE ONLY AUTHORIZED SOURCE OF BOOKING.

\* IN THE CASE AN IMPLEMENTING PARTNER/NGO IS ADDED OR DELETED, KINDLY INFORM WFP-UNHAS-YEMEN