|  |  |
| --- | --- |
| ***Name of Organization*** |  |
| ***Type of Organization*** | Selection 1Selection 2Selection 3Selection 4Selection 5Selection 6Selection 7Selection 8Selection 9 |
|  |  |
| ***Nominee*** |
| *Family Name* |  |
| *Last Name* |  |
| *Designation* |  |
| *Street Address & No.* |  |
| *Postal Code, City* |  |
| *Phone Number* |  |
|  |  |
| ***Nominee Alternate*** |
| *Family Name* |  |
| *Last Name* |  |
| *Designation* |  |
| *Street Address & No.* |  |
| *Postal Code, City* |  |
| *Phone Number* |  |

*I confirm the acceptance of the Council on Ethanol-Based Clean Cooking Governance*

 **Date Signature**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**