**Request Form**

**for**

**Capacity Building Programs**

**for**

**Deposit Insurance and Failed Bank Resolutions**

Official counterparts such as deposit insurers, financial authorities and government officials are requested to submit this form to request capacity building services for deposit insurance and failed bank resolutions. Completion of this form will help service providers understand the needs of the recipient agency to best prepare a relevant and worthwhile program.

The requestor agency should directly contact the service provider. Please review the detailed descriptions of individual capacity building programs listed by each provider to select the appropriate service provider. The IADI Secretariat is available to answer questions and facilitate contacts. For reference purposes, please copy IADI on all requests. Kindly submit this form, along with all accompanying material, to the appropriate principal contact of the service provider of your choice and copy the Secretariat at service.iadi@bis.org.

Please note that deposit insurance organizations have different expertise and resources and therefore may require significant advance notice or have other conditions for responding to a request.

**Description of the Requesting Agency**

|  |  |
| --- | --- |
| Full Name |  |
| Address |  |
| Web Site |  |
| Function/Role of the Agency |  |
| Date |  |

**Details of Contact Person from Requesting Agency**

|  |  |
| --- | --- |
| Mr./Ms./Dr. |  |
| First Name |  |
| Last Name |  |
| Title |  |
| Office/Dept. |  |
| Telephone No. |  |
| Fax No. |  |
| Email |  |
| Date |  |

**Instructions**

Please respond fully to each question in the respective text boxes. Each text box will expand automatically to accommodate any length and format of response.

**Specification of the Request**

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| **1. Purpose of Capacity Building Request** |
| Response:  |
| **2. Background of the Request** (Please include, if appropriate, past efforts to address the requested capacity building services) |
| Response:  |
| **3. Specific types(s) of assistance required:**a. Professional Training (e.g. participating speakers, presenters and panelists, structured classes or courses, seminars and workshops)b. Expert Consultation (e.g. advice, critique, review, evaluation, reporting, meetings and staff secondments) |
| Response:  |

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| **4. Target audience and level of understanding on subject matter** (e.g, management, Board of Directors, beginner, intermediate or advance level) |
| Response:  |
| **5. Proposed Location, Timing and Duration** (Please specify whether training is once off or may require subsequent meetings, including follow up meetings) |
| Response:  |
| **6. Source of Project Financing** (e.g. self-financed by provider, third party or recipient agency. Please specify that funding covers flight, accommodation, transport, etc.) |
| Response:  |
| **7. Specific logistical arrangements by requesting/recipient agency when Capacity Building Program is held at the recipient agency’s country** (e.g. accommodation, transportation, translation services, etc) |
| Response:  |

**Additional Requests/Information**

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| Response:  |