



D   	DATE SENT	INTERNATIONAL COOPERATION ADMINISTRATION	
	DATE RECEIVED	BIOGRAPHICAL DATA On Technical Cooperation Participants	
	ATTACHMENTS	TO BE COMPLETED BY U. S. O. M.	
	PIO/P NO. <b>M.S.U. Contract</b>	ACTIVITY TITLE <b>Taxation</b>	
	COUNTRY <b>Viet-Nam</b>	FIELD OF ACTIVITY <b>Pub. Adm.</b>	
	PROPOSED ARRIVAL DATE U. S. <b>Oct. 1959</b>	PROPOSED DURATION OF VISIT <b>12 months</b>	

Prepare this form on a typewriter in English. In order to prevent delay and to assist in planning your program, answer every question clearly and completely. If more space is needed, use continuation sheet Page 3.

INFORMATION REGARDING PARTICIPANT

1. NAME (Last or Surname in capital letters)	(First) <b>HOE</b>	(Middle) <b>TRAN SONG</b>	SEX (M or F) <b>Male</b>
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2. ADDRESS (Street)	<b>140 Duong Lê-Lai</b>	(City or Town) <b>SAIGON</b>	(Country) <b>South Vietnam</b>
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3. BIRTH DATE (Day, Month, Year) <b>14 May 1918</b>	4. BIRTH PLACE (City & Country) <b>Phu-Lê - Thua-Thiên (C.V.N.)</b>	5. COUNTRY OF CITIZENSHIP <b>Viet-Nam</b>
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6. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR SPOUSE, YOUR FATHER, AND YOUR MOTHER

SPOUSE	NAME <b>Ton-Nu Thi TINH</b>	DATE OF BIRTH <b>1927</b>	PLACE OF BIRTH <b>Hà-Tinh (Central Viet-Nam)</b>
MOTHER	<b>Trân-Thi HIEU-VAN</b>	<b>1880</b>	<b>Phu-Yên (Central Viet-Nam)</b>
FATHER	<b>Trân Huu BACH</b>	<b>died</b>	OCCUPATION

7. PERSON AT HOME TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address and Relationship)

**TON NU THI TINH, 140 Duong LE-LAI, SAIGON, Spouse**

8. PERSON IN U. S. TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address and Relationship)

**No**

9. HAVE YOU EVER BEEN IN THE U. S.? IF SO, WHEN, WHERE, FOR HOW LONG AND FOR WHAT PURPOSE?

**No**

10. HAVE YOU EVER TRAVELED TO COUNTRIES OTHER THAN U. S., IF SO, WHEN, WHERE, AND FOR HOW LONG? (Include travel for educational purposes as well as pleasure)

**France, from November 1954 to November 1956, at the National School of Taxation of Paris**

11. HAVE YOU PARTICIPATED IN OR APPLIED FOR ANY OTHER U. S., U. N. OR PRIVATE TECHNICAL ASSISTANCE ACTIVITY? IF SO, SPECIFY:

**No**

12. LIST MEMBERSHIP IN EDUCATIONAL, PROFESSIONAL, AGRICULTURAL, LABOR OR OTHER TYPES OF ORGANIZATIONS AND SOCIETIES OF A SIMILAR NATURE. IF YOU HOLD OFFICE IN ANY OF THESE ORGANIZATIONS, SPECIFY.

**No**

13. OBJECT OF PROPOSED VISIT. BE SPECIFIC. INDICATE FIELD OF ENDEAVOR, CROP, PRODUCT, PROCESS, TECHNIQUE, ETC. TO BE OBSERVED, STUDIED, OR WORKED ON. E. G. MILK MARKETING ETC.

**To study U.S.A. system of taxation**

**To participate in a M.S.U. /Saigon sponsored tour to U.S. for a period of 12 months.**

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## BIOGRAPHICAL DATA ON TECHNICAL COOPERATION PARTICIPANTS

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NAME OF PARTICIPANT

TRAN SONG HOE

COUNTRY

VIETNAM

DATE OF BIRTH

May 14, 1918

14. EDUCATION: INCLUDE INFORMATION CONCERNING PREPARATORY OR SECONDARY SCHOOLS, UNIVERSITIES OR OTHER INSTITUTIONS OF EQUIVALENT RANKS, IF YOU ATTENDED A TRADE OR VOCATIONAL SCHOOL OR COMPLETED APPRENTICESHIP INCLUDE THAT ALSO.

SCHOOLS ATTENDED	TYPE	COURSE OF STUDY OR MAJOR	DEGREES, DIPLOMAS OR CERTIFICATES	DATE	
				FROM	TO
Khai-Dinh Hué	Second	General studies	Junior H.School diploma	1931	1937

15. EMPLOYMENT

(A) EXACT TITLE OF YOUR PRESENT POSITION

Departmental head in Direction of

Indirect taxes (general Direction of Taxation)

PRESENT EMPLOYER'S NAME AND ADDRESS

General Direction of Taxation - 85 Dai Lô Hàm-Nghi - SAIGON

DATE EMPLOYED

FROM April 1958

TO PRESENT TIME

KIND OF BUSINESS OR ORGANIZATION (Foundry, Milk Marketing, Cotton Textile Mfg., etc.)

Indirect taxes

MACHINES OPERATED (if applicable)

APPROXIMATE SIZE OF BUSINESS OR ORGANIZATION  
(Number of employees or volume of business)

DESCRIPTION OF YOUR DUTIES

Legislation of indirect taxes

(B) DO YOU EXPECT TO RETURN TO THIS SAME POSITION?  YES  NO IF NOT, HOW IS THE PROGRAM RELATED TO YOUR STUDIES AND FUTURE PLANS?

(C) EXACT TITLE OF YOUR LAST PREVIOUS POSITION

Controleur des Impôts à Hué

(Centre V.N.) - Chef du Service financier, Controleur des Impôts

PREVIOUS EMPLOYER'S NAME AND ADDRESS

à SAIGON

DATES EMPLOYED

FROM 1952 TO 1954

APPROXIMATE SIZE OF BUSINESS OR ORGANIZATION  
(Number of employees or volume of business)

KIND OF BUSINESS OR ORGANIZATION (Foundry, Milk Marketing, Cotton Textile Mfg., etc.)

MACHINES OPERATED (if applicable)

NUMBER AND KIND OF EMPLOYEES YOU SUPERVISED, IF ANY

DESCRIPTION OF YOUR DUTIES

16.	LANGUAGE PROFICIENCY	READING			SPEAKING			UNDERSTANDING		
		EXCELLENT	GOOD	FAIR	EXCELLENT	GOOD	FAIR	EXCELLENT	GOOD	FAIR
	ENGLISH			X			X			X
	OTHER French		X			X			X	

BEFORE SIGNING THIS FORM CHECK BACK OVER IT TO MAKE SURE THAT YOU HAVE ANSWERED ALL QUESTIONS CORRECTLY.

I CERTIFY that I have reviewed the statements made in this application and that they are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I further agree that if I am accepted under this program, I will follow diligently the program arranged as requested by my government and will not seek extension of the period of my program. I further agree that upon completion of my training, I will return to my country without delay and will endeavor to utilize, for the benefit of my country, the training acquired under this program.

SIGNATURE OF PARTICIPANT

May 12, 1959

DATE

LANGUAGE CERTIFICATION: I CONCUR IN ITEM 16 ENTRIES FOR ENGLISH  YES  NO. IF "NO", EXPLAIN:

OFFICIAL TITLE

SIGNATURE OF OFFICIAL

DATE

ICA-13-91 (7-56)

USOM FORWARD TO ICA/W

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