

# Application form for organizations

Name of organization/institution \_\_\_\_\_

Date of incorporation, establishment and/or registration (incl. registration number, if any) \_\_\_\_\_

Full name of person submitting the form on behalf of organization/institution \_\_\_\_\_

Function of person submitting the form on behalf of organization/institution \_\_\_\_\_

Please also specify in what capacity you are acting for the organization or institution

Application number \_\_ / \_\_\_\_ / \_\_

If previously applied, please give the number your application was allocated

1. What process is being applied for?

Please tick both boxes if the organization/institution wants to participate in the proceedings as well as request reparations in case of a conviction

PARTICIPATION

REPARATIONS *(in case of a conviction)*

2. What happened to the organization/institution? Describe the events in as much detail as possible

If you do not have enough space to fully describe what happened to the organization/institution, you may use a separate piece of paper to complete your description on which you shall also append your name and signature

\_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. When did these event(s) occur? \_\_\_\_\_

4. Where did these event(s) occur? \_\_\_\_\_

5. Who, in the view of the organization/institution, is responsible for these events? \_\_\_\_\_

6. What type of direct harm did the events cause to the organization/institution?

Please provide a detailed description of the loss or damage suffered as a result of the alleged crime(s). If a box is ticked, the corresponding harm should be detailed in the description. You may tick more than one box. If you do not have enough space to fully describe the harm, you may use a separate piece of paper to complete your description on which you shall also append your name and signature

| TYPES OF HARM  | DESCRIPTION |
|--|-------------|
| <b>LOSS OR DAMAGE TO PROPERTY</b>  |             |
| <input type="checkbox"/> Land<br><i>Such as agricultural land, farming land.</i>   |             |
| <input type="checkbox"/> Buildings<br><i>Such as schools, hospitals or clinics, offices or homes.</i>  |             |
| <input type="checkbox"/> Movable property<br><i>Such as education/research materials/facilities, office equipment/facilities, medical equipment/facilities, recreational equipment/facilities.</i> |             |
| <input type="checkbox"/> Religious properties<br><i>Such as church/mosque/temple, symbols, books</i>   |             |
| <input type="checkbox"/> Monuments/community/cultural property<br><i>Such as cemeteries, museums, works of art.</i>  |             |
| <input type="checkbox"/> Environmental damage<br><i>Such as water sources.</i>   |             |

THIS FORM AND THE APPLICATION PROCESS ARE FREE OF CHARGE - WE DO NOT CHARGE FOR ANY STAGE OF PROCEEDINGS

|  |  |
|--|--|
| <input type="checkbox"/> <b>Human Resources</b><br><i>Such as teachers, students, leaders, doctors, nurses, patients, social workers.</i>  |  |
| <input type="checkbox"/> <b>Other</b><br><i>Such as loss of revenue (explain impact of loss on the organization/institution), loss of funds at banks, stocks and other securities, legal rights, human resources, or any other harm.</i> |  |

7. In the event of a conviction (and if resources are available), what form of reparations would the organization/institution like to claim?

Please see the examples listed below for potential guidance. You may indicate multiple examples of reparations. **Reparations can only be awarded in the event of a conviction**

| EXAMPLES OF REPARATIONS   | DESCRIPTION |
|---|-------------|
| <input type="checkbox"/> <b>FINANCIAL COMPENSATION</b><br><i>Refers to monetary compensation for damages. This may include compensation for material harm.</i>  |             |
| <input type="checkbox"/> <b>RESTITUTION: RETURN OF SPECIFIC PROPERTY LOST</b><br><i>Refers to awards that seek to restore the organization/institution to the place that they were in before the commission of crime(s). This may include the return to place of lawful business/operation, the return or reconstruction of specific property lost or destroyed, the reinstatement or the restoration of the organization/institution's legal rights.</i> |             |
| <input type="checkbox"/> <b>REHABILITATION</b><br><i>Refers to awards that seek to rehabilitate the persons who suffered harm as a result of the crimes perpetrated against the organization/institution. Depending on the type of organization/institution, this may include psychological or social support.</i>  |             |
| <input type="checkbox"/> <b>OTHER FORM OF REPARATIONS</b><br><i>May include any type of award the organization/institution considers most appropriate to address and repair the harm suffered. This may include; establishment of the truth, apologies, judicial and legal reforms, , commemoration ceremonies, monuments, guarantees of non-repetition (of crimes), peace initiatives, etc.</i>  |             |

DOES THE ORGANIZATION/INSTITUTION CONSENT TO PROVIDING THE INFORMATION CONTAINED IN THIS APPLICATION FORM TO THE COURT'S TRUST FUND FOR VICTIMS?  YES  NO

The Court may order the implementation of reparation measures by the Trust Fund for Victims (TFV)

IN SUBMITTING THIS APPLICATION I ACKNOWLEDGE WITH MY SIGNATURE THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND SHOULD BE CONSIDERED FOR THE TRUTH OF ITS CONTENT

*Details of person submitting the form on behalf of the organization/institution:*

Please provide **copies of proof of identity of the person acting on behalf of the organization/institution**

Surname \_\_\_\_\_ First name \_\_\_\_\_ Date of birth/age \_\_\_\_\_

Signature of the victim/person acting on behalf of the organization/institution \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_

**Organization/institution information**

8. Why does the organization/institution want to participate in Court proceedings? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Does the person submitting the application have reasons to be concerned about security or well-being of the organization/institution, or that of any person related to this organization/institution, as a result of interaction with the Court?

Yes  No *If yes, please explain* \_\_\_\_\_  
\_\_\_\_\_

10. What is the working language of the organization/institution? \_\_\_\_\_

11. The property that was harmed is dedicated to

Please tick one or more boxes as appropriate

- |  |   |
|--|---|
| <input type="checkbox"/> Religion                    | <input type="checkbox"/> Historic monument      |
| <input type="checkbox"/> Education                   | <input type="checkbox"/> Hospital               |
| <input type="checkbox"/> Art                         | <input type="checkbox"/> Humanitarian purposes  |
| <input type="checkbox"/> Science Charitable purposes | <input type="checkbox"/> Other – Specify: _____ |

12. What was the legal status of the organization/Institution on the date that the alleged harm occurred?

Please provide evidence of the incorporation, establishment or registration of the organization or institution, if appropriate, at the date the alleged harm occurred (such as certificate of incorporation or registration), if possible, certified or authenticated copies.

- Non-governmental organization (*organization established to provide voluntary services, including religious, educational artistic, scientific, social or charitable services to the community or any part of it*)
- Charitable or non-profit organization
- Statutory body (*such as governmental organization, public school hospital*)
- Education (private) body (*such as primary school, secondary school, training college*)
- Company (*limited, unlimited or limited by guarantee*)
- Community body (*such as electronic media, the press*)
- Institution for the benefit of members of a community (*such as cooperative society, building society or micro-finance institution*)
- Partnership
- Other - specify: \_\_\_\_\_

13. LEGAL REPRESENTATION:

I] Has the organization/institution chosen a lawyer to represent it in the proceedings before the Court?

Yes  No *If yes, please provide the name and contact details of the lawyer* \_\_\_\_\_  
\_\_\_\_\_

II] Does the organization/institution have financial resources to pay for a lawyer?  Yes  No

III] Does the organization/institution have concerns being represented by a lawyer/legal team that also represents other victims in the proceedings?  Yes  No *If yes, please explain* \_\_\_\_\_  
\_\_\_\_\_

IV] Characteristics and qualities that the organization/institution considers necessary in a lawyer representing it in the proceedings \_\_\_\_\_  
\_\_\_\_\_

V] If the organization/institution is unrepresented:

a) Does the organization/institution wish to be represented by a lawyer from the Office of Public Counsel for Victims at the Court? *(an independent office of lawyers within the Court, representing victims in proceedings)*

Yes  No

b) Does the organization/institution wish to choose a lawyer from the List of Counsel before the Court?

Yes  No

CONTACT INFORMATION OF THE PERSON SUBMITTING THE APPLICATION ON BEHALF OF THE ORGANIZATION/INSTITUTION:

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number(s) or other ways to contact the person \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Name of interpreter, if any \_\_\_\_\_

Contact information of the person or organization who assisted in filling in this form *(if applicable)*:

Surname \_\_\_\_\_ First name \_\_\_\_\_

Name of the organization *(if applicable)* \_\_\_\_\_

Phone number(s) and email *(if applicable)* \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The following documents should be attached to this application form, as applicable. Please tick the boxes of all documents included with this application:**

- Copy of proof of incorporation, establishment and/or registration of the organization/institution *(required)*
- Copy of proof of identity of the person submitting the application on behalf of the organization/institution *(required)*
- Copy of documentation that proves the capacity in which the person represents the organization institution *(required)*
- Copy of documentation that proves the relevant harm suffered by the organization/institution, including names and contacts of individuals who could corroborate the organization/institution's reparation claims *(if relevant and immediately available at no costs to the victim)*