



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 on which you shall append your name and signature

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? Proof of harm should be included if possible

DOES THE ORGANIZATION/INSTITUTION CONSENT TO PROVIDING THE INFORMATION CONTAINED IN THIS APPLICATION FORM TO THE ICC'S TRUST FUND FOR VICTIMS?

YES NO

*In case of a conviction, reparations may be dispersed through the ICC's 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

7. If applicable, why does the organization/institution want to participate in ICC proceedings? _____

8. 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 ICC?

Yes No *If yes, please explain* _____

9. What is the working language of the organization/institution? _____

10. 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 - <i>please specify:</i> _____ |

11. 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 - *please specify:* _____

13. LEGAL REPRESENTATION:

- I] Has the organization/institution chosen a lawyer to represent it in the proceedings before the ICC?
 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 ICC *(an independent office of lawyers within the ICC, representing victims in proceedings)*?
 Yes No
 - b) Does the organization/institution wish to choose a lawyer from the ICC List of Counsel?
 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)*