Victim Representation Form

This template may be used by victims or persons/organizations representing victims who have been allegedly forcibly displaced from Myanmar to Bangladesh since at least 9 October 2016 and suffered from crimes committed at least in part on the territory of Bangladesh, such as deportation, other inhumane acts and persecution (as set out in the ICC Office of the Prosecutor’s Request for Authorisation of an Investigation Pursuant to Article 15 of the Rome Statute).

N.B. This form is not an application form for victims’ participation in the proceedings and/or reparations.

Should the Judges authorize the opening of an investigation, victims may be able at a later stage to apply for participation in potential judicial proceedings and have the opportunity to present their views and concerns. In the context of such judicial proceedings, victims will also be entitled to request reparation.

<table>
<thead>
<tr>
<th>INDIVIDUAL REPRESENTATION</th>
<th>COLLECTIVE REPRESENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>An individual representation can be submitted either by: * a direct victim who refers exclusively to the harm he/she suffered, OR * a representative on behalf of only one victim</td>
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</tbody>
</table>

1. Surname(s) of victim(s) ____________________________________________________________
   First name(s) of victim(s) ___________________________________________________________
   Fill in Question 1 if you are: * an individual victim making a representation on your own behalf, OR * a representative submitting the representation for a victim or victims who are willing to reveal name(s)

2. Surname of person representing victim(s) _____________________________________________
   First name of person representing victim(s) _____________________________________________
   OR name of organization representing victim(s) _____________________________________________
   Fill in Question 2 if you are: * a person/organization representing a victim or a group of victim(s), OR * a direct victim can also act as the representative of other family members who suffered harm as a result of similar acts

3. If a collective representation, for how many victims is this form submitted? __________________________
   Please provide the exact number of victims on behalf of whom the representation is submitted. If you can only provide an approximate number, please write down that number and give an explanation

4. If you are a person/organization representing victim(s), are you acting with the consent of all victims represented in this form?
   ○ Yes    ○ No    * If no, please explain: ___________________________________________________________

5. If you are a person/organization representing victim(s) briefly describe your relationship to the victim(s)
   ○ Family member: ___________________________________________________________
   ○ Community relationship: ___________________________________________________________
   ○ NGO/Civil society representative: ___________________________________________________________
   ○ Lawyer: ___________________________________________________________
   ○ Other: ___________________________________________________________
   Please provide a description of your relationship to the victim(s) on behalf of whom this representation is made, include details of, for instance:
   * how you contacted the victims
   * your communication channels (e.g. a lawyer in direct communication with victims; an NGO that has been implementing projects in Bangladesh/Myanmar and is a trusted community partner)

6. If available, please provide the following information about the victim(s) submitting this representation:
   * For individual representations, please provide all the details requested.
   * For collective representations, please include, to the extent possible, a breakdown of the information requested that corresponds to the number of victims provided in Question 3
   Gender:
   ○ Female - how many? __________________________
   ○ Male - how many? __________________________
Date of birth/age:
- 0-18 years old - how many? __________________________
- 18-55 years old - how many? __________________________
- 55+ years old - how many? ____________________________

Nationality(ies)/ethnic group(s): __________________________

Language(s): __________________________

Original residence: __________________________

Current residence: __________________________

If in Bangladesh, please provide the camp number/name

7. What happened to the victim(s)? What forces/groups does the victim(s) believe to be responsible for the harm suffered?

Please describe how the events took place, in as much detail as possible, e.g. how the deportation was effected, what (other) crimes were committed.

8. Where did the event(s) occur?

Please include all locations where events took place

9. When did the event(s) occur?

Please provide dates for all relevant events e.g. date of related crimes in Myanmar, date of arrival in Bangladesh, etc.
10. What harm did the victim(s) suffer as a result of the event(s)?

11. Do the victim(s) want the ICC Prosecutor to investigate the crimes against humanity of deportation, other inhumane acts and persecution allegedly committed against the civilian Rohingya population in Myanmar?
   - [ ] Yes
   - [ ] No

12. If you answered “yes” to Question 11, what do the victim(s) think the investigation should include (time period, location, crimes)?

13. If the victim(s) answered “no” to Question 11, what concerns with regard to this investigation do victim(s) have? Please explain the victim(s’) reasons against such an investigation.

14. Do the victim(s) have any additional views or concerns that they want to share with the Court?

15. Contact information of the person/organization submitting the representation (place of residence, telephone and email address, if available)

No additional documents are required for the representation to be considered complete. Should you, however, wish to provide additional documents connected to this representation, please send them together with the victim representation form to the:

International Criminal Court
Victims Participation and Reparations Section (VPRS)
P.O. Box 19519, 2500 CM, The Hague
The Netherlands

or contact the VPRS via email at:
VPRS.Information@icc-cpi.int

_________________________  __________________________  __________________________
Signature of victim/representative of victim(s)  Date  Location