



Application form for organizations

This form should be completed with the assistance of individuals who have been trained by the court. This form and the application process are free of charge - we do not charge for any Stage of proceedings.

For detailed guidelines on how to respond to the questions, please refer to the Guide for Application Form for Organizations (PDF).

This form can be completed offline on a mobile device using PDF reading software. Save the form on your device **before** filling the answers. After all of the questions have been answered, save the form again. Please send all completed forms to VPRS.Information@icc-cpi.int. Please also make sure to send a photo of the ID document of the person acting on behalf of the organisation.

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:

In case the applicant does not know their date of birth, approximate age can be given

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

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 event(s)?

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 on which you shall append your name and signature

TYPES OF HARM: LOSS OR DAMAGE TO PROPERTY	DESCRIPTION
<p>Land such as agricultural land, farming land.</p>	
<p>Buildings such as schools, hospitals or clinics, offices or homes.</p>	
<p>Loss Movable property such as education/ research materials/ facilities, office equipment/facilities, medical equipment/facilities, recreational equipment/facilities.</p>	
<p>Religious properties such as church/mosque/ temple, symbols, books</p>	

**Monuments/community/
cultural property** such as
cemeteries, museums,
works of art.

Environmental damage
such as water sources

Human Resources
such as teachers,
students, leaders, doctors,
nurses, patients, social workers.

Other
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.

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
<p>Financial compensation refers to monetary compensation for damages. This may include compensation for material harm.</p>	
<p>Restitution: return of specific property lost 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 return to place of lawful business/operation, return or reconstruction of specific property lost or destroyed reinstatement or restoration of the organization / institution’s legal rights.</p>	
<p>Rehabilitation 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.</p>	

Other form of reparations

may include any type of award the organization/ institution considers most appropriate to address and repair harm suffered. May include: establishment of the truth, apologies, judicial and legal reforms, commemoration ceremonies, monuments, guarantees of non-repetition (of crimes), peace initiatives, etc.

Does the organization/institution consent to providing the information contained in this application form to the court’s trust fund for victims?

*Reparations may be dispersed through the Court’s **Trust Fund for Victims (TFV)**

Yes

No

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

Signature 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

Date: _____

Location: _____

Organization/institution information

8. If applicable, 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

Religion

Historic monument

Education

Hospital

Art

Humanitarian purposes

Science Charitable purposes

Other – *please 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 organization/institution)