



COMMISSION FOR THE CONTROL OF INTERPOL'S FILES
APPLICATION FORM FOR REVISION
(Art. 42 of the Statute of the Commission)

Please complete all relevant fields and submit the required documents so that your application can be properly examined.

A. APPLICATION FOR REVISION OF THE FOLLOWING DECISION OF THE COMMISSION

Adopted during Session n° : _____ Date: _____

B. APPLICANT

Please ensure that a clear, readable copy of the Applicant's identity document is sent in attachment to this form. If the Applicant is a minor, please include a document which attests to your relationship to them.

1. IF THE APPLICANT IS A PERSON:

- FAMILY NAME _____
- FORENAME(S) _____
- DATE AND PLACE OF BIRTH _____
- NATIONALITY _____
- ADDRESS *(Please note it is required to indicate a valid postal address, so the Commission can send you notifications related to your application. Should you have a representative, you may indicate only their address, in Part C of this form.)* _____

- E-MAIL *(optional)* _____
- Is the Applicant currently detained?
No Yes (if yes, please specify in which country: _____)
- Does the Applicant currently hold a protective status in a third country?
No Yes (if yes, please provide a document certifying the status and mention it in the list of appendices)

2. IF THE APPLICANT IS AN ENTITY:

- FULL NAME OF THE ENTITY _____
- DATE OF INCORPORATION OR REGISTRATION _____
- PLACE OF INCORPORATION OR REGISTRATION _____
- OFFICIAL REGISTRATION NUMBER (if any) _____
- OFFICIAL ADDRESS _____

- PERSON WITH STANDING/AUTHORITY:
FAMILY NAME _____
FORENAME(S) _____
DATE AND PLACE OF BIRTH _____
CAPACITY _____

- E-MAIL *(optional)* _____



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C. REPRESENTATIVE OF THE APPLICANT (IF APPLICABLE)

An applicant may have several representatives, but only one may act as the point of contact with the Commission. Please attach a separate document with the names of all representatives (if more than one) and provide the point of contact's information below.

- FAMILY NAME _____
- FORENAME(S) _____
- CAPACITY (lawyer, family member, etc.) _____
- NAME OF THE REPRESENTATIVE BODY (law firm, NGO, etc., if applicable) _____
- ADDRESS _____

- E-MAIL ADDRESS (optional) _____

D. POWER OF ATTORNEY

If the applicant is represented, he/she must give express authorization to the representative to act on his/her behalf.

I, _____ (family name and forename of the Applicant), hereby authorize the person indicated above (Part C) to represent me before the Commission for the Control of INTERPOL's Files.

Date: _____ Signature: _____

*If the power of attorney is provided on a separate sheet of paper, **please check this box** and indicate this document in the list of appendices (Part F). Please note that the Power of Attorney must specifically authorize the representative to represent the Applicant before the Commission for the Control of INTERPOL's Files and must bear an original signature of the Applicant. No additional formality, such as the authentication by a notary, is needed.*

E. NEWLY DISCOVERED FACTS

Please provide a precise but brief statement of facts concerning the requested revision, including the newly discovered facts or developments that, if presented at the time of the study of the case, could have led the Commission to take a different decision (as per art. 42 of the CCF Statute). Please make sure to indicate:

- 1) each fact that has been newly discovered since the Commission's Decision in the case;
- 2) how these facts could have impacted the Decision of the Commission;
- 3) when such facts were discovered.



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This section should be completed in one of the Commission's working languages: Arabic, English, French, Spanish. Should you wish to give further explanations, please do so in a separate document not exceeding 10 pages.

You may include any information concerning the applicant that might be relevant for the examination of the request, such as previous and current functions, pending legal actions, etc.



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F. LIST OF ATTACHED APPENDICES

Please list the documents enclosed in relation to the application. Please indicate references to the pages or paragraphs you would like to bring to the attention of the Commission.

Remark: *The Commission will only take into consideration legible documents, provided in one of the Commission's working languages: Arabic, English, French or Spanish (Rule 14 of the Operating Rules of the Commission for the Control of INTERPOL's Files).*

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|-----|---|---------|-------|
| 1. | Identity document (<i>passport, national identity card</i>) | | |
| 2. | _____ | Page(s) | _____ |
| 3. | _____ | Page(s) | _____ |
| 4. | _____ | Page(s) | _____ |
| 5. | _____ | Page(s) | _____ |
| 6. | _____ | Page(s) | _____ |
| 7. | _____ | Page(s) | _____ |
| 8. | _____ | Page(s) | _____ |
| 9. | _____ | Page(s) | _____ |
| 10. | _____ | Page(s) | _____ |

DATE _____

FAMILY NAME AND FORENAME _____

SIGNATURE _____

The duly completed request and the appendices listed above should be sent to the Commission at the following address:

Commission for the Control of INTERPOL's Files
200 quai Charles de Gaulle
69006 Lyon
France