COMMISSION FOR THE CONTROL OF INTERPOL'S FILES
APPLICATION FORM FOR ACCESS AND/OR CORRECTION/DELETION

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

A. NATURE OF YOUR REQUEST

☐ Request for access ☐ Correction/deletion

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 him/her.

1. IF THE APPLICANT IS A PERSON:

- FAMILY NAME _____
- FORENAME(S) _____
- DATE OF BIRTH _____
- PLACE AND COUNTRY OF BIRTH _____
- NATIONALITY _____
- E-MAIL ADDRESS *(Please note it is required to indicate a valid e-mail 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.)* _____

- 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:

- E-MAIL ADDRESS _____

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

- E-MAIL ADDRESS _____

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)* _____
  _____
- E-MAIL ADDRESS _____

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 be signed by the applicant. No additional formality, such as the authentication by a notary, is needed.*

E. THE FACTS

This field is not compulsory for requests for access. For correction/deletion requests, please provide a precise but brief statement of facts concerning your complaint. 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.

F. RULES ALLEGEDLY VIOLATED

This field is not compulsory for requests for access. Please indicate the main legal instruments that you consider have been violated. Please explain how each article/rule to which you refer was allegedly violated by the member country. We remind you that the role of the Commission is to control whether the processing of data in INTERPOL's files meets INTERPOL's applicable legal requirements and that it is not empowered to conduct an investigation, to weigh evidence, or to make a determination on the merits of a case. That is the role of the competent national/regional authorities.

G. JUDICIAL DECISIONS ISSUED IN THE CASE

Please list and, if possible, attach a simple copy of any relevant judicial decisions that may have been issued concerning the applicant's case specifically. Please indicate clearly and concisely how each decision is relevant to your request, and please include the title, date, case reference number, issuing authority, as well as the website link to the decision and/or related appendix, if they are available.

H. LIST OF ATTACHED APPENDICES

Please list below the documents enclosed for the admissibility of your request.
Then list, in chronological order, any documents provided to support your request. For each, indicate references to the pages you would like to bring to the particular 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).

1. Identity document(s): ☐ *passport* ☐ *national identity card* ☐ *other (specify):* _____
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) _____
11. _____ Page(s) _____
12. _____ Page(s) _____
13. _____ Page(s) _____
14. _____ Page(s) _____
15. _____ Page(s) _____

DATE _____

FAMILY NAME AND FORENAME _____

☐ I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

SIGNATURE _____

The duly completed request and the appendices listed above should be sent to the Commission

by e-mail: CCF@interpol.int