

FORM FOR THE TRANSMISSION OF AN APPLICATION FOR COMPENSATION IN CROSS-BORDER SITUATIONS
(Article 6(2) of Directive 2004/80/EC)

1. Case reference:

2. Language of the application and any supporting documentation (Article 6 (3) of Directive 2004/80/EC):

3. Application transmitted by

Details of the assisting authority (transmitting authority)

Name of the authority:

Member State:

Contact person or the department responsible for handling the matter:

Address:

Telephone (including code):

Fax:

E-mail:

4.To

Details of the deciding authority (receiving authority)

Name of the authority:

Member State:

Address:

Telephone (including code):

Fax:

E-mail:

5. Details of the person applying for compensation:

Family name:

First Name:

Sex:

Date of birth:

Nationality:

Address and postcode:

Place where the person habitually lives (if different from place of residence):

Telephone (including code):

Fax:

E-mail:

Bank details (For the transfers, the BIC must be provided instead of the bank code, and the IBAN must be given instead of the account number)

BIC:	IBAN:	Name of bank:	Contact abroad:	:
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If applicable, represented by:

6. Details of the injured person if that person is not the applicant

Family name:

First Name:

Sex:

Date of birth:

Nationality:

Address and postcode:

Place where the person habitually lives (if different from place of residence):

Telephone number (including code):

Fax:

E-mail:

Done at:

Date:

By:

(Signature and/or stamp):

7. List of supporting documents annexed:

ACKNOWLEDGEMENT OF RECEIPT

(Article 7 of Directive 2004/80/EC) (*)

To be sent to the assisting authority and to the applicant

The deciding authority:

Name of the authority:
Member State:
Case reference:
Contact person or the department responsible for handling the matter:
Address:
Telephone (including code):
Fax:
E-mail:

If possible, an indication of the approximate time by which a decision on the application will be made (Article 7 (c) of Directive 2004/80/EC):

This acknowledges the receipt of the application transmitted by the assisting authority:

Name of the authority:
Member State:
Case reference:

Date of receipt:

Done at:

Date:

By:

(Signature and/or stamp):

(*) The deciding authority may use a similar form or any other way of acknowledgement of receipt provided that it fulfils the obligations under Article 7 of the Directive.