

ANNEX II

FORM FOR THE TRANSMISSION OF A DECISION ON AN APPLICATION FOR COMPENSATION IN CROSS-BORDER SITUATIONS

(Article 10 of Directive 2004/80/EC)

1. Case reference:

2. Date of the decision:

3. Language of the decision:

4. Decision transmitted by

Details of the deciding 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:

5. To:

Details of the assisting authority (receiving authority):

Name of the authority:

Member State:

Contact person or the department responsible for handling the matter:

Address:

Telephone (including code):

Fax:

E-mail:

6. And to:

Details of the applicant

Name of the applicant:

Address:

Telephone (including code):

Fax:

E-mail:

Legal representative (if applicable):

7. Details of the Decision

NB - This information is provided without prejudice to the text of the decision

a) Summary:

b) Information about the possibility to appeal, competent authority and deadlines:

c) Other information or the action required by the applicant (to be filled where necessary):

Done at:

Date:

By:

(Signature and/or stamp):