



COMMISSION FOR THE CONTROL OF INTERPOL'S FILES
INDIVIDUAL REQUEST: APPLICATION FORM

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

Please note that the Commission can only examine data processed through INTERPOL's channels. It is not empowered to lead an investigation, nor act with regards to national files. Only national or regional competent authorities can do so.

- Request for access Complaint

B. REQUESTING PARTY

- FAMILY NAME _____
- FORENAME(S) _____
- DATE AND PLACE OF BIRTH _____
- NATIONALITY _____
- ADDRESS *(optional if the address of a representative is provided in Part C)*

- E-MAIL *(optional)* _____

C. REPRESENTATIVE OF THE REQUESTING PARTY (IF APPLICABLE)

A requesting party 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)* _____



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D. POWER OF ATTORNEY

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

I, _____ (family name and forename of the requesting party), 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 click this box** and indicate this document in the list of appendices (Part F).*

E. SUBJECT MATTER OF THE INDIVIDUAL REQUEST

This field is not compulsory for requests for access. For other types of request, please provide a precise but brief statement of facts concerning your complaint. List and explain any alleged violation of applicable rules. This section should be completed in one of INTERPOL's four INTERPOL 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 requesting party 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 below the documents enclosed for the admissibility of your request.
Then list, in chronological order, any documents provided to support your request, such as court decisions or decisions of other authorities. 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 which have been translated into one of INTERPOL's working languages: Arabic, English, French or Spanish (Article 10(b)(g) of the Operating Rules of the Commission for the Control of INTERPOL's Files).*

1. Identity document (*passport, national identity card*)
2. _____ Page(s) _____
3. _____ Page(s) _____
4. _____ Page(s) _____
5. _____ Page(s) _____
6. _____ Page(s) _____
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16. _____ Page(s) _____
17. _____ Page(s) _____
18. _____ Page(s) _____
19. _____ Page(s) _____
20. _____ Page(s) _____

DATE _____

FAMILY NAME AND FORENAME _____

SIGNATURE _____

The duly completed individual 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