

Confidential EX PARTE, only available to the Registry

Annex III
to the Registry submissions on matters related to the participation of victims

The Registry provides hereby a catalogue of documents that may establish the applicants' identity or the person acting on their behalf in the Republic of Uganda. It includes documents received by the Registry in support of applications for participation and/or reparations in the proceedings relating to the Republic of Uganda. – and specifically in the case of *The Prosecutor v. Dominic Ongwen*.

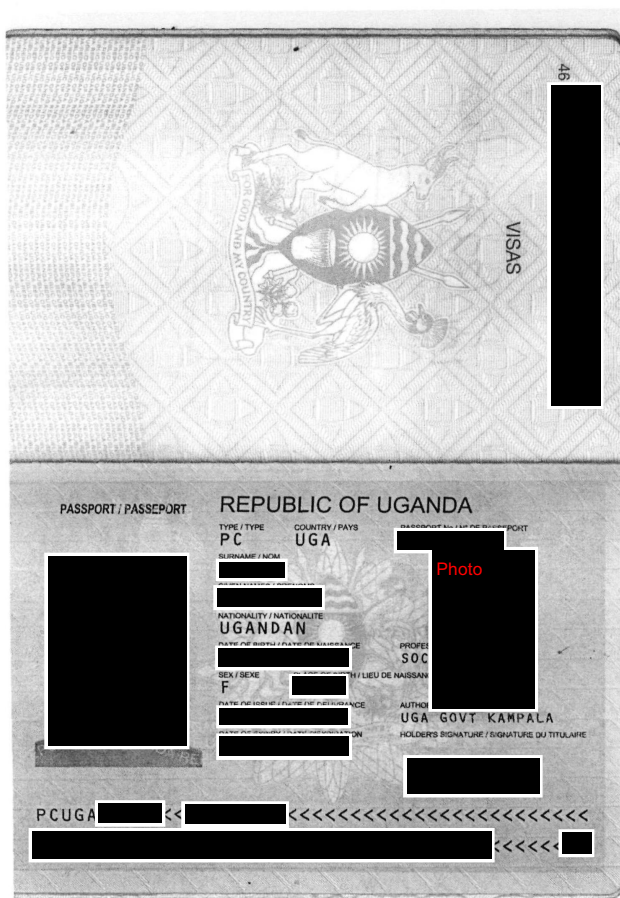
For the purpose of the catalogue of identity documents displayed in this annex, the VPRS has not collected the consent from individuals to disclose their identity in the interest of a timely filing. To preserve their privacy, it has applied redactions accordingly.

The catalogue includes the following documents:

(i) Passport, (ii) Voter card, (iii) Certificate of registration by the Electoral Commission, (iv) Driving permit, (v) Graduated tax ticket, (vi) 'Short' or 'Long' birth certificate, (vii) Birth notification card, (viii) Certificate of amnesty, (ix) Residence permit or card issued by a Local Council, (x) Identification letter issued by a Local Council, (xi) Letter issued by a leader of an IDP Camp, (xii) 'Reunion letter' issued by the Resident District Commissioner, (xiii) Identity card issued by a workplace or an educational establishment, (xiv) Letters issued by a rehabilitation centre, (xv) Camp registration card and card issued by humanitarian relief agencies, such as United Nations High Commissioner for Refugees and World Food Programme, (xvi) Baptismal card or certificate from religious institutions, (xvii) National ID card, (xviii) Voter location slip, (xix) a statement signed by two witnesses and accompanied by their proof of identity attesting to the identity of the victim applicant/person acting on his/her behalf.

(i) Passport

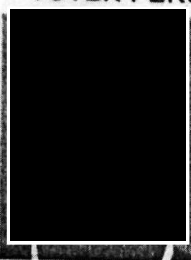
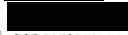
Pursuant to Pre-Trial Chamber III Single Judge's order dated 01 November 2024, this document has been reclassified as "Public"



Pursuant to Pre-Trial Chamber III Single Judge's order dated 01 November 2024, this document has been reclassified as "Public"

(ii) Voter card

Pursuant to Pre-Trial Chamber III Single Judge's order dated 01 November 2024, this document has been reclassified as "Public"

		THE REPUBLIC OF UGANDA			
		The Electoral Commission			
		VOTER PERSONAL ID. NO			
		Surname			
		First Name			
		Date of Birth			
		Place of First Registration			
		District			
		Constituency			
		Sub-County			
		Parish			
P/Station					
Date of Issue				Sex M	
LOCATION CODE NO:					

(iii) Certificate of registration by the Electoral
Commission

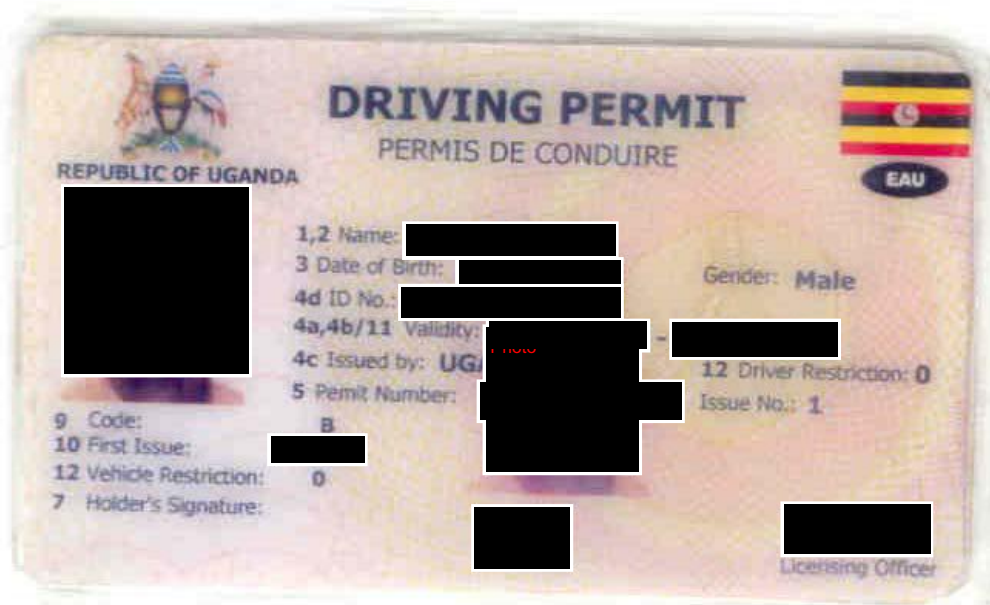
Pursuant to Pre-Trial Chamber III Single Judge's order dated 01 November 2024, this document has been reclassified as "Public"

CERTIFICATE OF REGISTRATION (Electoral Commission Act No. 3 of 1997 (ss. 18 and 19))		Registration No. [REDACTED]	
I. APPLICANT		REGISTRATION STATUS: [REDACTED]	
SURNAME: [REDACTED]	FIRST NAME: [REDACTED]	DISKETTE No. [REDACTED]	
OTHER NAME: [REDACTED]	DATE OF BIRTH: [REDACTED]	PHOTOGRAPH No. [REDACTED]	
II. APPLICANT'S PARENTS		SEX: ☒ HEIGHT: [REDACTED]	
FATHER'S NAME: [REDACTED]	[REDACTED]		
MOTHER'S NAME: [REDACTED]	[REDACTED]		
III. VOTING LOCATION WHERE THE APPLICANT WISHES TO VOTE FROM			
DISTRICT: [REDACTED]	CODE: [REDACTED]	CONSTITUENCY: [REDACTED]	CODE: [REDACTED]
SUBCOUNTY: [REDACTED]	CODE: [REDACTED]	PARISH: [REDACTED]	CODE: [REDACTED]
VILLAGE (LCI): [REDACTED]	STATION: [REDACTED]	[REDACTED]	CODE: [REDACTED]
ARE YOU REGISTERING FROM YOUR PARISH OF ORIGIN ☒ OR RESIDENCE ☐ ? (Tick where applicable)			
LANDLORD/LANDLADY: [REDACTED]			
DATE OF REGISTRATION: [REDACTED]		APPLICANT'S SIGNATURE/THUMBPRINT: [REDACTED]	
REGISTRATION OFFICER: [REDACTED]		SIGNATURE: [REDACTED] NUMBER: [REDACTED]	

CERTIFICATE OF REGISTRATION (Electoral Commission Act. No. 3 of 1997 (ss. 18 and 19))			Registration No. [REDACTED] REGISTRATION STATUS DISKETTE No. [REDACTED]
I.	APPLICANT SURNAME: [REDACTED] OTHER NAME: _____	FIRST NAME: [REDACTED] DATE OF BIRTH: _____	RAPH No. [REDACTED] SEX: <u>M</u> HEIGHT: [REDACTED]
II.	APPLICANT'S PARENTS FATHER'S NAME: [REDACTED] MOTHER'S MAIDEN NAME: _____		
III.	VOTING LOCATION WHERE THE APPLICANT WISHES TO VOTE FROM		
	DISTRICT: [REDACTED] SUBCOUNTRY: [REDACTED] VILLAGE (LCU): [REDACTED]	CODE: [REDACTED] CODE: [REDACTED] STATION: [REDACTED]	CONSTITUENT: [REDACTED] PARISH: [REDACTED]
	ARE YOU REGISTERING FROM YOUR PARISH OF ORIGIN OR RESIDENCE ? (Tick where applicable)		
	LANDLORD/LADY: _____		
	DATE OF REGISTRATION: [REDACTED] REGISTRATION OFFICER: [REDACTED]		
	FINGERPRINT: _____ NUMBER: _____		

(iv) Driving permit

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(v) Graduated tax ticket

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GULU MUNICIPAL COUNCIL
GRADUATED TAX TICKET 2001

Assessment No. [REDACTED] / No. [REDACTED]
Name: [REDACTED]
Physical Address: [REDACTED]
P. O. Box: [REDACTED] Phone: [REDACTED]
Employer: [REDACTED]

Signature of Tax Payer: [REDACTED]
[Stamp: GULU MUNICIPAL COUNCIL, G.M.C.]

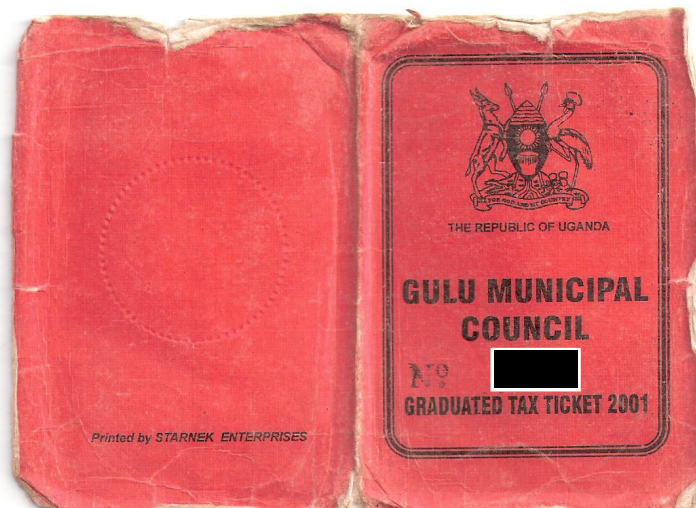
For Graduated Tax only

Grade II Shs. 10,000/=
Education Tax Shs. 1,000/=

50% of value will be paid for any Ticket lost.
This ticket is valid only if the tax figure and machine printed thereon.

Date: [REDACTED] Serial No.: [REDACTED]
Amount paid: [REDACTED] Assessment No.: [REDACTED]

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(vi) 'Short' or 'Long' birth certificate and (vii) Birth
notification card

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K. No



Form K. (r.5A (1))

REG. No.

SHORT BIRTH CERTIFICATE

SURNAME		OTHER NAMES		
DATE OF BIRTH	SEX	BORN IN GOMBOLOLA/ SUB-COUNTY OF	COUNTY	DISTRICT
NAME OF FATHER	NATIONALITY OF FATHER	NAME OF MOTHER	NATIONALITY OF MOTHER	

Issued on 20.....

By
Registrar of Births and Deaths



Registrar General's Copy

Registration in the LC1 of		Parish	Sub County	County	District
1	SERIAL NUMBER OF CHILD				
2	Household No.				
PARTICULARS OF CHILD					
3	Full Name of Child	First Name	Surname		
4	Sex				
5	Place of Birth				
6	Date of Birth	/ /	/ /	/ /	/ /
PARTICULARS OF MOTHER					
7	Full Name of Mother	First Name	Maiden Name		
8	Age				
9	Nationality				
10	Birth Order / Parity				
11	Usual Place of Residence				
12	Occupation				
PARTICULARS OF FATHER					
13	Full Name of Father	First Name	Surname		
14	Age				
15	Nationality				
16	Usual Place of Residence				
17	Occupation				
PARTICULARS OF DECLARANT					
18	Full Name of Declarant	First Name	Surname		
19	Occupation				
20	Residence				
21	Give information in what capacity				
22	Signature of Declarant				
23	When Registered	/ /	/ /	/ /	/ /
24	Name of Notifier				

Name of Registrar.....

Sign. of Registrar.....

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Page..... KAMPALA

Birth in the Sub-County of County of in the District of Province of

No.	Date of Birth and Time of Birth	Place of Birth	Name	Sex	Full Name, Residence and Occupation of Father	Full Name and Maiden Name, Residence and Occupation of Mother	Nationality of Parents	Full Name, Occupation and Residence of Declarant in what capacity he gives information	When Registered	Signature of Sub-County Chief	Name if added after Registration of Birth
				M & F							

I, the Registrar-General of Births and Deaths for Uganda, do hereby certify that this is a true copy of the return/register of births for the Birth Registration District of the Sub-County of County of Province of relating to the birth of

WITNESS my hand at Kampala this day of, 20.....

Fee: Shs. 5,000

ASST. Registrar-General of Births and Deaths

(viii) Certificate of amnesty

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THE REPUBLIC OF UGANDA

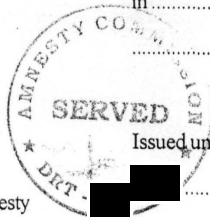
THE AMNESTY ACT 2000
(ACT No.2 of 2000)

CERTIFICATE OF AMNESTY

In accordance with section 4 of the Amnesty
Act, 2000 and Statutory Instrument No. 9.

This certificate of Amnesty is issued to
.....

who is ordinarily a resident of.....
..... Village,
..... Sub County
in County of
..... District.



Issued under my hand this day
..... year

CHAIRPERSON
Amnesty Commission

Pursuant to Pre-Trial Chamber III Single Judge's order dated 01 November 2024, this document has been reclassified as "Public"

[REDACTED]


THE REPUBLIC OF UGANDA

who is ordinarily a resident of.....
[REDACTED] Village,
[REDACTED] Sub County
in [REDACTED] County of
[REDACTED] District.

THE AMNESTY ACT 2000
(ACT No.2 of 2000)

CERTIFICATE OF AMNESTY

In accordance with section 4 of the Amnesty
Act, 2000 and Statutory Instrument No.9.

This certificate of Amnesty is issued to
[REDACTED]

Issued under my hand this [REDACTED] day
[REDACTED] year [REDACTED]

CHAIRPERSON
Amnesty Commission

(Circular stamp: AMNESTY COMMISSION, SERVED, DKT)



Plot 97, Buganda Road
P.O. Box 33956,
Kampala - Uganda
Tel: 041-345584/ :041-257118
Fax: 041 - 257118
E-mail: amnestycom@africaonline.co.ug

The Amnesty Commission

Our Ref: _____

Your Ref: _____

ACKNOWLEDGEMENT OF RECEIPT OF A CERTIFICATE OF AMNESTY

In accordance with section 4 of the Amnesty Act, 2000 and Statutory Instrument No.9.

I,hereby
acknowledge receiving a certificate of Amnesty and issued under my hand on this
.....day of year.....

CERTIFICATE NUMBER: _____

Sign:.....

Issued by:.....

DISTRICT: _____

(ix) Residence permit or card issued by a Local
Council

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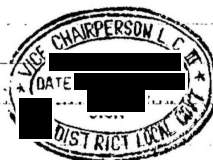
THIS IS TO CERTIFY THAT	
MR. [REDACTED]	[REDACTED]
IS A CITIZEN OF	
UGANDA	
Date [REDACTED]	
Age [REDACTED] Sex MALE	I Certify that the above photo is
Home Address: [REDACTED]	MR. [REDACTED]
Village [REDACTED]	
Sub County [REDACTED]	
District [REDACTED]	Sign. of Holder
Holder's Sign [REDACTED]	[REDACTED]
	Chief of [REDACTED]

(x) Identification letter issued by a Local Council

OFFICE OF THE SUB-COUNTY

RE :

He was born in [REDACTED] in [REDACTED] in [REDACTED]
He was Abducted on the [REDACTED]



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..... Village
..... Parish
..... Sub-county
..... District

TO WHOM IT MAY CONCERN:

We, (Name) _____, (Position) CHARMAN LGT

and (Name) _____, (Position) PARISH CHIEF

confirm that Mr/Ms (Name) _____

with date of birth/ aged _____ is a resident of the above mentioned address.

Sincerely,

Signature: _____

Signature: _____

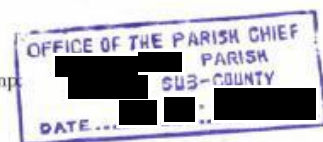
Date: _____

Date: _____

Stamp: _____



Stamp: _____



(xi) Letter issued by a leader of an IDP Camp

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Sub-City IDP's Camp
C/o [REDACTED]

TO WHOM IT MAY CONCERN

Ref. [REDACTED]

Sir,

The above referred is a boy residing in the above mentioned Address. As concerns his general behavior, he was captured by the LRM ~~and~~ rebels in [REDACTED] and returned in [REDACTED]. I am therefore recommending him to receive ~~and~~ any parcel as well as the beneficiaries are concerned. I ~~shall~~^{be} humble if my recommendation is put under consideration.

Yours,
Sincerely,

[REDACTED]

CAMP LEADER
SUB-CITY IDP'S CAMP
DATE
SIGN

SV CAMP LEADER
LIRA SUB-CITY IDP'S CAMP
DATE
SIGN

(xii) 'Reunion letter' issued by the Resident District
Commissioner

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REPUBLIC OF UGANDA

OFFICE OF THE RESIDENT DISTRICT COMMISSIONER
LIRA DISTRICT

P.O. BOX [REDACTED]

TEL: [REDACTED]

OUR REF:..... YOUR REF:..... DATE: [REDACTED] [REDACTED] [REDACTED]

TO WHOM IT MAY CONCERN.

RE: REUNION LETTER.

This [REDACTED] is to certify that [REDACTED] Age [REDACTED]
[REDACTED] was [REDACTED] abducted
from [REDACTED] District [REDACTED] county [REDACTED]
Sub-county [REDACTED] Parish and kept in captivity
from [REDACTED] till [REDACTED] when he /she escaped /
rescued by UPDF.
He/ She hails from [REDACTED] District [REDACTED] county.

He /She has received basic counseling and care at Rachele Rehabilitation Centre. He has coped positively and can normally stay in the community and is being facilitated to go back to his/her parents/guardian

This letter is therefore to request all the concerned authorities to accord him/her all the necessary assistance in response to this communication.

Yours truly,

[REDACTED]
[REDACTED]
RESIDENT DISTRICT COMMISSIONER .

Pursuant to Pre-Trial Chamber III Single Judge's order dated 01 November 2024, this document has been reclassified as "Public"

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THE REPUBLIC OF UGANDA

OFFICE OF THE RESIDENT DISTRICT COMMISSIONER
DISTRICT.

P.O. BOX 2, TEL: [REDACTED]

Your Ref:

Our Ref:

Date: [REDACTED]

TO WHOM IT MAY CONCERN.

RE: RE-UNION LETTER.

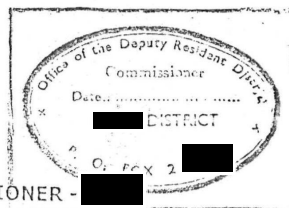
This is to certify that [REDACTED] ... Age ...
Was abducted from ... District ... County ...
Sub County ... Village and kept in captivity from ...
When he/she was rescued by UPDF/escaped and brought to UPDF and was
cleared.

He/She was provided with basic counselling services and cared for by World Vision
War Rehabilitation Programme Centre and is being supported to resettle with
his/her parents/guardian.

Any assistance rendered to him/her in recognition of this reunion letter will be
highly appreciated.

Solidarity.

RESIDENT DISTRICT COMMISSIONER - [REDACTED]



(xiii) Identity card issued by a workplace or an
educational establishment

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This is to certify that

[REDACTED]

is a pupil of

[REDACTED]

PRIMARY SCHOOL

Date of [REDACTED] H/M's Sign

Renewed on [REDACTED] H/M's Sign

Renewed on [REDACTED] H/M's Sign

Renewed on [REDACTED] H/M's Sign

Renewed on [REDACTED] H/M's Sign

Photo

[REDACTED]

I certify that the above photograph

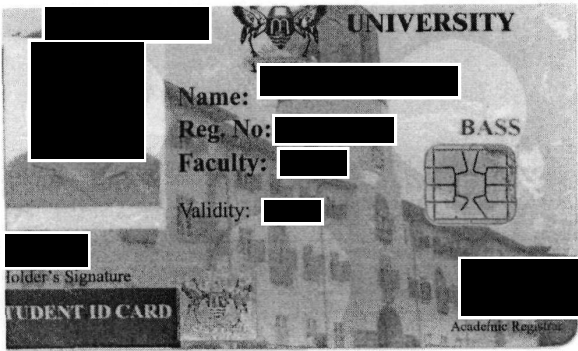
is of [REDACTED]

[REDACTED]

Holder's signature

[REDACTED]

Headmaster



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If found please return to

 UNIVERSITY

P. O. Box  Kampala, UGANDA

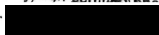
Residence / Hall of Attachment: AFRICA

Date of Issue: 



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The specimen certificate is of: 

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This is to certify that
[REDACTED]
is a Student of:
[REDACTED] PRIMARY
TEACHERS' COLLEGE
P.O. [REDACTED]
Issued on..... [REDACTED]
Age..... [REDACTED] Sex..... [REDACTED]
1. Renewed on..... [REDACTED] Principal [REDACTED]
2. Renewed on..... [REDACTED] Principal [REDACTED]
3. Renewed on..... [REDACTED] Principal [REDACTED]
4. Renewed on..... [REDACTED] Principal [REDACTED]
This is to certify that the above
photography is of [REDACTED]
[REDACTED]
Holder's Signature [REDACTED]
Principal's Signature [REDACTED]

(xiv) Letters issued by a rehabilitation centre



Rachele Rehabilitation Centre
Lira, Uganda

-21

TO WHOM IT MAY CONCERN

Sponsoring Children
Uganda
P. O. Box [REDACTED]
Kampala - Uganda

This is to confirm that the following child has been in our centre.

Child's name:.... [REDACTED]

Father's name:.... [REDACTED]

Mother's name:.. [REDACTED]

District:..... [REDACTED]

Division:..... [REDACTED]

Parish:..... [REDACTED]

Village:..... [REDACTED]

Date of abduction:.... [REDACTED]

Date of escape:..... [REDACTED]

He/She has received basic counselling and care at our centre after returning from captivity. He/she has coped positively and can go back to her/his community to resume normal family life.

All cooperation rendered to him/her shall be highly appreciated.

Sincerely yours,
[REDACTED]
Sponsoring Children
Uganda
P. O. Box [REDACTED]
Kampala - Uganda
Director

(P.O. Box [REDACTED] Kampala - P.O. Box [REDACTED] Lira - Uganda. [REDACTED])

GULU SUPPORT THE CHILDREN ORGANISATION (GUSCO)

P. O. BOX [REDACTED], GULU. TEL. [REDACTED]

Date: [REDACTED]

TO WHOM IT MAY CONCERN



This is to satisfy that... [REDACTED] ... Age. [REDACTED] Was
abducted from [REDACTED] district [REDACTED] County [REDACTED] sub
county .. [REDACTED] Parish .. [REDACTED] village. And kept in
captivity from [REDACTED] till [REDACTED] When she was
rescued by UPDF /escape and was cleared by UPDF.

S/He was provided with counselling services at and was cared for by Gulu Support
the children organisation (Gusco) at the reception centre and is now being supported
to resettle with her/his parents/guardians.

Any Assistance rendered to her/him in recognition of this reunion letter will be highly
appreciated

Solidarity,

Centre Administrator [REDACTED]

Date.... [REDACTED]

Signature..... [REDACTED]



(xv) Camp registration card and card issued by
humanitarian relief agencies

1	2	3	4	5	6	7	8	9	10
 WORLD FOOD PROGRAMME					IDP HOUSEHOLD CARD				
NO. [REDACTED]		IDP CAMP: [REDACTED]			RWOT KWER/BLOCK: [REDACTED]				
Name of Head of Household: [REDACTED]					Date: [REDACTED]				
Spouse: [REDACTED]					[REDACTED]				
Sex: [REDACTED]					[REDACTED]				
Household Size (in words) [REDACTED]					[REDACTED]				
[REDACTED]					[REDACTED]				
Stamp and Signature of Issuing Officer									
1	2	3	4	5	6	7	8	9	Other
8	9	10	11	12	13	14			

1	2	3	4	5	6	7	8	9	10	11	12
IDP HOUSEHOLD CARD										WORLD FOOD PROGRAMME	
NO: [REDACTED]										[REDACTED]	
Name of Head of Household:										Date:	
[REDACTED]										[REDACTED]	
Spouse: [REDACTED]										[REDACTED]	
Sex: [REDACTED]										[REDACTED]	
Household Size (in words)										Signature of Issuing Officer	
[REDACTED]										[REDACTED]	

(xvi) Baptismal card or certificate from religious
institutions

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DIOCESE OF LIRA CATHOLIC CHURCH

CATHOLIC PARISH [REDACTED]

P.O. BOX [REDACTED] LIRA

GANDAI

Reg. No. .

Name: ..

Birth:

Baptism:

Father:

Mother:

Place:

1st Communion:

Place:

Confirmation:

Place:

Pursuant to Pre-Trial Chamber III Single Judge's order dated 01 November 2024, this document has been reclassified as "Public"

St. Francis Catholic Church Acumet

P. O. BOX [REDACTED] [REDACTED]

Adult

Bapt. Reg. infants No. [REDACTED] Date. [REDACTED]

Name: [REDACTED]

Date of Birth [REDACTED]

Parents [REDACTED]

Village [REDACTED]

Baptised by [REDACTED]

Godparent [REDACTED]

Pursuant to Pre-Trial Chamber III Single Judge's order dated 01 November 2024, this document has been reclassified as "Public"

This is to certify that
[REDACTED]

is a _____
of **Pentecostal Assemblies of God**
Lira (Uganda)

Valid from [REDACTED] to [REDACTED]
[REDACTED] District Supt.
P. A. G. Uganda

Renewed:

1. From to
..... District Supt.

2. From to
..... District Supt.

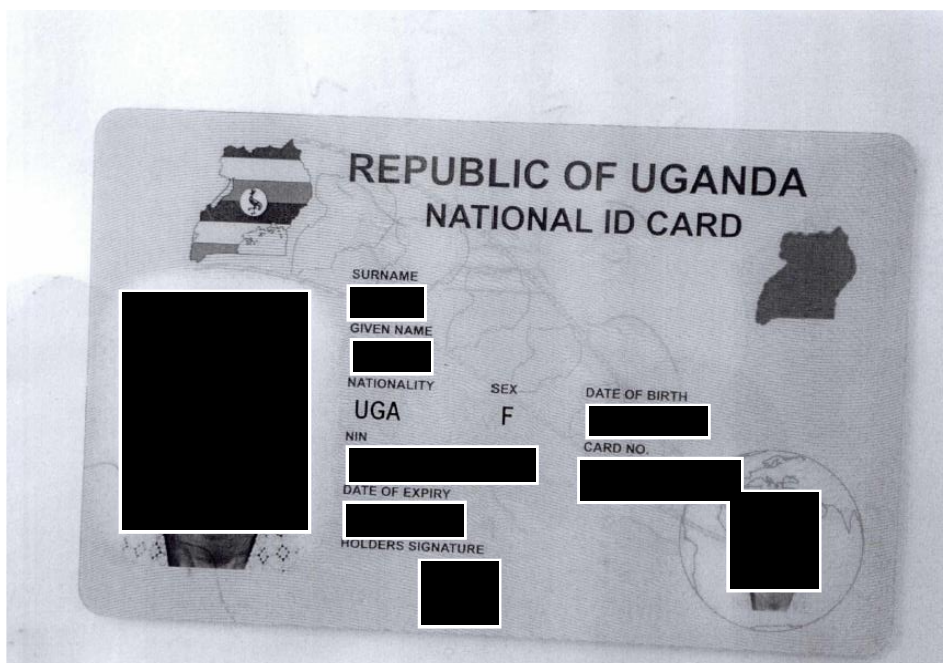
Signed [REDACTED]
District Superintendent, P. A. G.

*certify that the above
photograph is of*

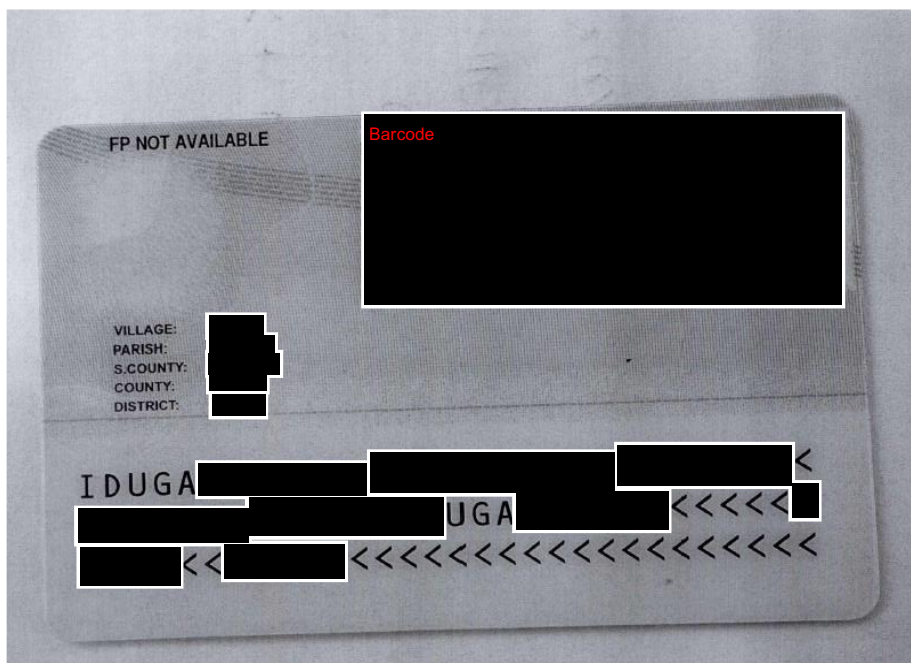


(xvii) National ID card

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Pursuant to Pre-Trial Chamber III Single Judge's order dated 01 November 2024, this document has been reclassified as "Public"



(xviii) Voter location slip

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THE REPUBLIC OF UGANDA
THE ELECTORAL COMMISSION

Receipt for Voter's Registration and identification
Electoral Commission Act No. 3 of 1997 (ss.18 and 19), Article 59

AppID: [REDACTED]

Surname: [REDACTED]

Given Names: [REDACTED]

Date Of Birth: [REDACTED]

Sex: Male: ☐ Female: ☒

Location Code: [REDACTED] Village: [REDACTED]

[REDACTED] [REDACTED] [REDACTED]

Issue Date Name Registration Officer Signature Registration Officer

(xix) A statement signed by two witnesses

Pursuant to Pre-Trial Chamber III Single Judge's order dated 01 November 2024, this document has been reclassified as "Public"

DATE: [REDACTED]
LOCATION: [REDACTED] VILLAGE

Letter to confirm the identity of the late
Mr. [REDACTED] and his relationship with
Mr. [REDACTED] is his son.

We mandam [REDACTED] and Mr. [REDACTED]
[REDACTED] declare that we knew the late Mr. [REDACTED].

[REDACTED] (Late) was a man from [REDACTED] Village,
[REDACTED] Parish, [REDACTED] Sub County,
County [REDACTED] district. [REDACTED] was
killed and burnt all the foodstuffs and other
properties in the house. So Mr. [REDACTED] his
son stands for the claims.

Signature of the late's wife: [REDACTED] Signature of witnesses
[REDACTED] [REDACTED]

Signature
[REDACTED] [REDACTED]

THE REPUBLIC OF UGANDA
The Electoral Commission
VOTER PERSONAL ID. NO. [REDACTED]

Surname [REDACTED]
First Name [REDACTED]
Date of Birth [REDACTED]
Place of Birth [REDACTED]
District [REDACTED]
Constituency [REDACTED]
Sub-County [REDACTED] COUNTRY [REDACTED]
Parish [REDACTED]
P/Station [REDACTED] SOCIETY [REDACTED]
Date of Issue [REDACTED] Sex [REDACTED] F

LOCATION CODE NO. [REDACTED]

This is to certify that

M.....

is a true **Citizen** of
UGANDA

P.O. Box **VILLAGE**

Tel:

Age:..... Sex: **male**

District

Sub-County:

Village/Town **VILLAGE**

Occupation:

OFF
OLE
0
D
M.....

I certify that the above photo is of
M.....

Date of Issue)

Holder's Signature:

.....

**Sign & Stamp L.C.1
Chairperson**