ANNEX B

Template for "Resumption of Action Form" to be prepared by the Registry

1. Name and reference number of deceased victim:

   _____

2. Name of applicant seeking to resume the actions of the deceased victim:

   _____

3. Date of death of the victim and short description of circumstances surrounding the death:

   _____
   _____
   _____

4. Relationship between the applicant and the deceased victim:

   _____
   _____

5. Please provide a brief explanation as to why the applicant is best placed to represent the family of the deceased victim (attach *procès-verbal* of the *Conseil de famille* and *jugement d'homologation* or other document attesting to the mandate):

   _____
   _____
   _____
   _____

6. Address and contact information of applicant (place of residence, telephone, email address, *if available*):

   _____
   _____

7. Would the applicant have any reason to be concerned about his or her security, well-being, dignity or privacy or that of any other person if his or her identity were to be revealed to the defence or ICC prosecutor?

   ☐ Yes ☐ No If yes, reasons _____
   _____

_____

Signature, thumbprint, or other mark of the applicant

Date: _____ Location: _____

Please attach the following documents: 1/ Copy of ID document of applicant and proof of kinship between the applicant and the deceased victim (*if available*); 2/ death certificate of the deceased victim (or other form of documentary evidence); 3/ Proof of applicant's appointment by the deceased victim's family members to resume the action of the deceased victim (f.ex. *procès-verbal* of the *Conseil de famille* and *jugement d'homologation*).