

Annex

<p style="text-align: center;">REGISTRATION FORM Call for Expression of Interest the EU Victims' Rights Platform</p>
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Once this form is fully completed, please send it to EC-COORDINATOR-VICTIMS-RIGHTS@ec.europa.eu) by the stated deadline.

Please note that the list of members of the Victims' Rights Platform will be made publicly available.

1. ORGANISATION
Name of organisation:
Address:
Website:
Date of Registration:
Registration No.:
Registered with:
Please enclose with the application form a document confirming that your organisation is officially registered in your respective country as a legal entity (non-governmental organisation).
2. TYPE OF ORGANISATION
I declare that my organisation is an EU-level umbrella organisation:
<input type="checkbox"/> Yes
Please enumerate below the local/national organisations that are members of your EU level umbrella organisation. Please indicate the EU Member State (at least 6) in which each of the organisations is located.

3. Contact details of the person appointed as a representative (one per organisation)	
Title:	
Name:	
Surname:	
Position:	
Email:	Email 2:
Telephone No:	
Fax:	
Address:	Postcode:
City:	Country:
4. ORGANISATION'S MAIN ACTIVITIES / MANDATE	
5. Describe your organisation's commitment and experience with regard to victims' rights. Please provide concrete examples.	
6. Why do you want to participate in the EU Victims' Rights Platform? Describe your	

motivation.

7. Indicate whether your organisation is already registered in the Transparency Register established on the basis of the [InterInstitutional agreement](#) between the European Parliament and the Commission. In case you are not yet registered and you will be selected to participate in the Platform, you may be expected to register your organisation in the Transparency Register according to the above mentioned rules.

Yes

No

If yes, please provide your number in the Transparency Registry: