

**INTERPRETATION**  
**FORM TO REQUEST INTERPRETATION**

**Please read the [Procedure for the Examination of Disputes Concerning the Application of the Tripartite Declaration of Principles Concerning multinational Enterprises and Social Policy by Means of Interpretation of its Provisions](#) before submitting this request form.**

**SECTION I**

**Party/Parties submitting this request:**

Organization \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Name and Official Position of person submitting request \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Name and Official Position of person submitting request \_\_\_\_\_

**Governments** - complete Section III

**National Employers' or Workers' Organizations** - complete Section IV

**International Employers' or Workers' Organizations** - complete Section V

**SECTION II**

1. Over which provisions of the Declaration is there disagreement?

\_\_\_\_\_  
\_\_\_\_\_

2. Describe the divergent positions on the meaning of each of these provisions.

\_\_\_\_\_  
\_\_\_\_\_

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3. Please outline the nature of the dispute that gave rise to this disagreement over the meaning of the Declaration.

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### SECTION III

#### Requests submitted by Governments

Please see [paragraph 5\(a\)](#) of the Procedure

1. Is the government acting on its own behalf?

YES       NO

**If NO:**      On whose behalf is the government acting?

Organization \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

2. Does the government share, in part or in full, that organization's position?

YES In Full       YES In Part       NO

Please briefly indicate the government's position:

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## SECTION IV

### Requests submitted by *national* employers' of workers organizations

Please see [paragraph 5\(b\)](#) of the Procedure

1. Is the requesting organization a national or sectoral level organization?

YES  NO

**If NO:**

- a. Describe your membership.

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- b. What is the name of the national or sectoral level organization through which this request is being made?

Organization \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

2. Has your government been requested to refer this request for interpretation? (see [paragraph 6](#) of the Procedure)

YES  NO

**If YES:** When was this request made? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Please attach to this form a copy of the request made to the government.

3. Has the government declined to forward the request? (see [paragraph 6\(a\)](#) of the Procedure)

YES  NO

**If YES:**

- a. What was the date of refusal? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

- b. What were the reasons given for the refusal?

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Please attach to this form a copy of any relevant documents.

**IF NO:** Has three months elapsed since the initial request to the government?  
(see [paragraph 6\(b\)](#) of the Procedure)

YES

NO

## SECTION V

### Requests submitted by *international* employers' or workers' organizations

Please see [paragraph 5\(c\)](#) of the Procedure

1. What is the name of the affiliated national representative organization on behalf of which this request is being submitted?

Organization \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

4. Has the national government been requested to refer this request for interpretation? (see [paragraph 6](#) of the Procedure)

YES  NO

**If YES:** When was this request made? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Please attach to this form a copy of the request made to the government.

5. Has the government declined to forward the request? (see [paragraph 6\(a\)](#) of the Procedure)

YES  NO

**If YES:**

a. What was the date of refusal? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

b. What were the reasons given for the refusal?

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Please attach to this form a copy of any relevant documents.

**If NO:** Has three months elapsed since the initial request to the government? (see [paragraph 6\(b\)](#) of the Procedure)

YES  NO

H:/Interpretations/General/Request Form

Please attach additional pages if necessary

Date:

Place:

Signature:

Name and Official Position: