

**ADMINISTRATIVE TRIBUNAL  
OF THE  
INTERNATIONAL LABOUR ORGANIZATION**

**APPLICATION TO  
INTERVENE**

(Article 13(1) of the Tribunal's Rules)

<p align="center"><b>IMPORTANT</b></p> <p>Give the required information in the relevant boxes. If a section is not applicable, say so (or put <i>N/A</i>).</p>	<p align="center"><b>TO BE ENTERED BY THE REGISTRY OF THE TRIBUNAL</b></p>  <p><b>Date of filing:</b></p>
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**1 THE APPLICANT**

Family name		First name(s) (in full)		Mr/Mrs/Ms/Miss	
Date of birth			Place of birth		
Day	Month	Year	City	Country	Nationality(ies)
Postal address				Phone number	Email address

*Do not put mere initials.*

*Please inform the Registry of any change.*

<p><b>Status</b></p> <p><i>(See Article II(6) of the Tribunal's Statute)</i></p> <p><i>Tick one.</i></p>	1	<input type="checkbox"/>	<p><b>Serving official:</b></p> <p>Organization: _____ Present grade: _____</p>		
	2	<input type="checkbox"/>	<p><b>Former official:</b></p> <p>- Final grade: _____</p> <p>- Employer organization: _____</p>		
	3	<input type="checkbox"/>	<p><b>Other.</b></p> <p>Enter the name of the deceased official whose rights the applicant is relying on:</p> <table border="0" style="width: 100%;"> <tr> <td>Family name</td> <td>First name(s)</td> <td>Mr/Mrs/Ms/Miss</td> </tr> </table> <p>Applicant's relationship to that official: _____</p>	Family name	First name(s)
Family name	First name(s)	Mr/Mrs/Ms/Miss			

The applicant's representative\*, if any:

Family name	First name(s)	Qualification
Postal address	Phone number	Email address

\* *Representatives must supply the original or a duly certified copy of the power of attorney.*

**2 CASE:**

Name of the complainant:	
Defendant organisation:	
Case number: AT 5 -	

*Please indicate the case concerned by the application to intervene.*

**3 SITUATION IN FACT AND IN LAW**

Applicants must indicate why the decision of the Tribunal should be applicable to them and set out the basis on which they consider that their situation in fact and in law is similar to that of the complainant.

*Please indicate why the decision of the Tribunal should be applicable to you and why you consider being in a similar situation in fact and in law to that of the complainant.*

*Space is not limited.*

**SIGNATURE**

In signing below, the applicant or her/his representative certifies:

- (a) that the three copies of this form are true;
- (b) that all appended texts that are not originals (transcripts, photocopies, etc.) are true copies;
- (c) that the required translations into English or French of any appended texts written in neither of those languages are true to the originals.

Date

Signature

*Sign all three copies of this form; a mere photocopy of the signature will not be accepted.*

**ANNEXES: SUPPORTING DOCUMENTS** *(in chronological order so far as possible)*

NUMBER	DATE			DESCRIPTION <i>(letter, report, etc.)</i>	AUTHOR <i>(so far as possible)</i>	ADDRESSEE <i>(so far as possible)</i>
	DD	MM	YYYY			

*All annexes have to be in three copies.*

*If necessary, add lines.*