



Request for Information Concerning Enforced Disappearance

Under Article 5 paragraph 1 of the Federal Act on the International Convention for the
 Protection of All Persons from Enforced Disappearance

The International Convention for the Protection of All Persons from Enforced Disappearance concerns the deprivation of liberty of a person by agents of the state or acting with the authorisation of the state, followed by a refusal to acknowledge the deprivation of liberty and disclose the whereabouts of the person who has disappeared.

Under Article 2 of the above-mentioned act, any person whose liberty is deprived by order or on authorisation of the state and whose whereabouts or fate is concealed, thus placing such a person outside the protection of the law, is considered to have disappeared.

Under Article 5 of the said act, anyone who is missing a person close to them and who fears that this person has disappeared can submit a written request for information to the federal Coordination Unit for Missing Persons. The applicant must state the **grounds for their request**. This must include information on the **kinship or relationship** between the applicant and the missing person and the **reason(s) why the applicant suspects that the person has disappeared**.

Incomplete forms will not be processed.

| APPLICANT BLOCK LETTERS ONLY | |
|-------------------------------------|-------|
| SURNAME | ..... |
| FIRST NAME(S) | ..... |
| DATE OF BIRTH (DD/MM/YYYY) | ..... |
| STREET and HOUSE NUMBER | ..... |
| TOWN and POST CODE | ..... |
| COUNTRY | ..... |
| NATIONALITY | ..... |
| TELEPHONE NUMBER | ..... |
| E-MAIL (if available) | ..... |

| KINSHIP / RELATIONSHIP BETWEEN APPLICANT AND MISSING PERSON | |
|--|---|
| MISSING PERSON IS | <input type="checkbox"/> RELATIVE <input type="checkbox"/> NON-RELATIVE / OTHER |
| RELATIONSHIP TO MISSING PERSON | ..... |



| MISSING PERSON BLOCK LETTERS ONLY | |
|--|----------------|
| SURNAME | ..... |
| FIRST NAME(S) | ..... |
| DATE OF BIRTH (DD/MM/YYYY) | ..... |
| NATIONALITY | ..... |
| ADDRESS (if known) | ..... ..... |
| MARITAL STATUS (if known) | ..... |

| LAST CONTACT BETWEEN APPLICANT AND MISSING PERSON | |
|--|-------|
| WHEN | ..... |
| TYPE OF CONTACT (telephone, letter, last seen, etc.) | ..... |

| REASON FOR REQUEST (MANDATORY) | |
|--|--|
| Reasons why you suspect the person has disappeared | ..... ..... ..... ..... ..... ..... |

| OTHER HELPFUL INFORMATION (OPTIONAL) | |
|---|-------|
| LAST KNOWN WHERE-ABOUTS | ..... |
| OTHER INFORMATION/CLUES | ..... |

.....
 DATE, PLACE

.....
 APPLICANT'S SIGNATURE

Return the **signed** form **by e-mail** to disappearance@fedpol.admin.ch or **by post** to Bundesamt für Polizei fedpol, Internationale Identifizierungen, Nussbaumstrasse 29, 3003 Bern