

EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Directorate G - Veterinary and International Affairs
Director

SANTE/G2/MMK/lp (2015) 886298

FAX TO:	CHIEF VETERINARY OFFICERS ANIMAL HEALTH OF ALL 28 MS CVO ICELAND, CVO NORWAY, CVO SWITZERLAND	PRESET
COPY TO:	PERMANENT REPRESENTATIONS OF ALL 28 MS MISSIONS ICELAND, NORWAY, SWITZERLAND	PRESET
	DG HEALTH AND FOOD SAFETY :	PRESET
	M. SCANNELL, DG SANTE F	
	A. LADDOMADA, DG SANTE G2	
	A. GAVINELLI, DG SANTE G3	
	K. VAN DYCK, DG SANTE G4	
	E. STRICKLAND, DG SANTE G6	
	L. TERZI, DG SANTE G7	
	B. BERGERSEN, DG SANTE G3	
	M. KLEMM, DG SANTE G2	

THE EUROPEAN COMMISSION INVITES THE CHIEF VETERINARY OFFICERS OF THE MEMBER STATES STATED ABOVE TO NOMINATE A REPRESENTATIVE TO ATTEND THE FOLLOWING MEETING:

THE EUROPEAN COMMISSION INVITES EXPERTS FROM ICELAND, NORWAY AND SWITZERLAND AS OBSERVERS FROM THE APPROPRIATE DEPARTMENTS TO ATTEND THE FOLLOWING MEETING:

I.	DG:	HEALTH AND FOOD SAFETY, UNIT G2
	TITLE OF MEETING:	OIE COORDINATION WORKING GROUP, SECTION ANIMAL WELFARE
	LOCATION:	AFSCA BOULEVARD DU JARDIN BOTANIQUE 55 5TH FLOOR – ROOM KO5/120319 1000 BRUSSELS
	DATE:	15 APRIL 2015
	TIME:	10:00 TO 18:00

II A. THE EUROPEAN COMMISSION WILL, IN ACCORDANCE WITH ITS RULES, BEAR THE EXPENSES OF **ONE EXPERT** PER MEMBER STATE AS FOLLOWS (FOR DETAILED INFORMATION ABOUT THE REIMBURSEMENTS PLEASE SEE ANNEX 1):

TRAVEL EXPENSES: YES (ECONOMY FLIGHT OR FIRST CLASS TRAIN)
 (TAXI FARES WILL NOT BE REIMBURSED)

SUBSISTENCE EXPENSE: NO

II.B. FOR ICELAND, NORWAY AND SWITZERLAND

TRAVEL EXPENSES: NO

SUBSISTENCE EXPENSES: NO

III. PRELIMINARY AGENDA:

DRAFT EU COMMENTS AND POSITIONS RE. THE OIE TERRESTRIAL ANIMAL HEALTH STANDARDS COMMISSION (CODE COMMISSION) FEBRUARY 2015 MEETING REPORT, TOPICS CONCERNING ANIMAL WELFARE

IV THE MEETING WILL BE CONDUCTED IN ENGLISH. NO PAPER COPIES OF DOCUMENTS WILL BE DISTRIBUTED AT THE MEETING.

V. THE FAX NUMBER FOR THE MEETING IS +32 2 29 53144

VI. FOR SECURITY REASONS PARTICIPANTS ARE REQUESTED TO PRESENT THIS INVITATION AT THE RECEPTION DESK OF THE BUILDING.

VII. PLEASE INFORM MR MORITZ KLEMM (MORITZ.KLEMM@EC.EUROPA.EU) OF THE NAME AND EMAIL ADDRESS OF THE REPRESENTATIVE(S) THAT WILL ATTEND THIS MEETING

YOURS SINCERELY,

BERNARD VAN GOETHEM

A handwritten signature in black ink, appearing to be 'Bernard Van Goethem', written over the printed name.

ANNEX 1 – REIMBURSEMENTS

**PLEASE NOTE THAT THE REIMBURSEMENT OF TRAVEL COSTS
FOR GOVERNMENT EXPERTS CAN ONLY BE MADE ON
THE ACCOUNT OF THEIR MINISTRY AND NOT ON A PRIVATE ACCOUNT
(EXCEPT FOR LUXEMBURG)**

1. EXPERTS WHO HAVE ALREADY PARTICIPATED IN MEETINGS ORGANISED BY THE EUROPEAN COMMISSION AND WHO HAVE PREVIOUSLY SUBMITTED THESE FORMS WILL ONLY BE REQUIRED TO SUBMIT:
 - a) THE ORIGINAL SUPPORTING DOCUMENTS FOR TRANSPORT AND ACCOMMODATION, SPECIFYING THE DATES, PRICE AND TRAVEL CLASS.
 - b) THE APPLICATION FOR REIMBURSEMENT FORM, WHICH WILL BE DISTRIBUTED, IN THE MEETING ROOM. THIS HAS TO BE FILLED AND SIGNED DURING THE MEETING AND THE STICKER NEEDS TO BE PUT IN THE SPECIAL AREA OF THIS DOCUMENT.
 - c) FOR THOSE WHO DON'T HAVE A STICKER, IT IS OBLIGATORY TO ACCOMPANY THE APPLICATION FORM WITH THE ATTACHED DOCUMENT "EXPERT'S IDENTIFICATION SHEET" DULY FILLED WITH ALL REQUESTED ADMINISTRATIVE AND BANKING INFORMATION AND GIVE A COPY OF THIS DOCUMENT TO THE SECRETARY RESPONSIBLE FOR THE REIMBURSEMENT IN EVERY MEETING, UNTIL YOU RECEIVE STICKERS BY THE COMPETENT COMMISSION'S SERVICE (PMO).



Experts identification
sheet

2. IN ADDITION, IF YOU PARTICIPATE FOR THE FIRST TIME TO A MEETING ORGANISED BY THE EUROPEAN COMMISSION, IT IS MANDATORY TO PROVIDE TO THE COMMISSION DEPARTMENTS THE FOLLOWING DOCUMENTS, IN ORDER TO CREATE YOUR FILE IN OUR ELECTRONIC SYSTEM:
 - a) THE LEGAL ENTITY FORM ("PUBLIC AUTHORITIES" FOR THE NATIONAL AUTHORITY THAT THE EXPERT REPRESENTS AT OUR MEETINGS) DULY FILLED AND SIGNED BY THE ADMINISTRATION OF THIS ORGANISATION (SEE THE LINK BELOW):



Legal Entity for
Public Authorities

http://ec.europa.eu/budget/contracts_grants/info_contracts/legal_entities/legal_entities_en.cfm

- b) THE FINANCIAL IDENTIFICATION FORM MUST BE DULY FILLED AND SIGNED BY THE BANK AND THE ADMINISTRATION OF THE NATIONAL AUTHORITY THAT THE EXPERT BELONGS TO AND REPRESENTS, AND ON WHICH ACCOUNT THE REIMBURSEMENT WILL BE PAID BY THE COMMISSION (SEE THE LINK BELOW).



Financial
Identification

http://ec.europa.eu/budget/contracts_grants/info_contracts/financial_id/financial_id_en.cfm

ANNEX 2 - PRIVACY STATEMENT

PURPOSE AND SCOPE OF PERSONAL DATA PROCESSING:

DG SANTE WILL RECORD AND FURTHER PROCESS YOUR PERSONAL DATA TO THE EXTENT THAT THEY ARE NECESSARY FOR THE FOLLOW-UP OF THE MEETINGS TO WHICH YOU ARE INVITED.

YOUR CONTACT DETAILS MAY BE SHARED WITH OTHER PARTICIPANTS IN THE SAME MEETING OR CONSULTATION TO FACILITATE FOLLOW-UP BETWEEN PARTICIPANTS.

YOUR DATA WILL BE HANDLED IN CONFORMITY WITH REGULATION (EC) N° 45/2001 ON THE PROTECTION OF INDIVIDUALS WITH REGARD TO THE PROCESSING OF PERSONAL DATA BY COMMUNITY INSTITUTIONS AND BODIES AND ON THE FREE MOVEMENT OF SUCH DATA.

YOUR DATA ARE RECORDED AND STORED AS LONG AS FOLLOW-UP ACTIONS ARE NEEDED IN THE CONTEXT OF YOUR THESE MEETINGS.

FOR TRANSPARENCY PURPOSES, A SHORT LIST, SPECIFYING YOUR NAME, TITLE AND ORGANISATION MAY BE COMMUNICATED TO THE PUBLIC, IN PARTICULAR THROUGH THE HEALTH AND FOOD SAFETY WEB PAGES ON EUROPA AT:

http://ec.europa.eu/dgs/health_consumer/index_en.htm

RIGHT OF RECTIFICATION & PERSONAL DATA CONTROLLER:

SHOULD YOU REQUIRE FURTHER INFORMATION CONCERNING THE PROCESSING OF YOUR PERSONAL DATA OR EXERCISE YOUR RIGHTS (E.G. ACCESS OR RECTIFY ANY INACCURATE OR INCOMPLETE DATA) PLEASE CONTACT THE FOLLOWING EMAIL ADDRESS:

SANTE-CONSULT-G2@EC.EUROPA.EU

YOU HAVE THE RIGHT OF RECOURSE AT ANY TIME TO THE EUROPEAN DATA PROTECTION SUPERVISOR AT THE FOLLOWING EMAIL ADDRESS: EDPS@EDPS.EUROPA.EU

FOR MORE INFORMATION ON DATA PROTECTION PLEASE SEE THE FOLLOWING LINK:

<https://secure.edps.europa.eu/EDPSWEB/edps/EDPS?lang=en>



APPLICATION FOR REIMBURSEMENT
(to be sent to the person responsible for the meeting)

EXPLANATIONS

Section I

In order to obtain reimbursement of their expenses, experts must fill in Section II of this form.

- The cost of the journey must be given in the currency concerned and be supported by a copy of the ticket and the original travel agency invoice or, failing that, written confirmation of the electronic reservation, giving the amount paid.
Experts who do not have (or have forgotten) their personal identification sticker must fill in the expert identification sheet overleaf (see instructions on the document)

THIS DOCUMENT IS VALID ONLY IF SIGNED BY THE EXPERT AND THE MEETING SECRETARY

TO BE FILLED IN BY THE EXPERT (in block capitals)

Section II

PLEASE ATTACH AND INITIAL YOUR IDENTIFICATION STICKER TO CONFIRM THAT YOUR DETAILS ARE CORRECT

Mr Ms

SURNAME:

FIRST NAME:

NATIONALITY:

Table with columns: Form of transport used, Outward journey (Dep. time, Arr. time), Return journey (Dep. time, Arr. time), Price paid, Currency

- Train
Air (economy class)
Private car Registration no: km (outward/return)
Other

TAXI FARES AND PARKING FEES WILL NOT BE REIMBURSED

I certify that I have been informed of the obligation to present the documentation concerning this meeting within thirty calendar days of the end of the meeting.

I certify that these particulars are true and accurate and that I will not be receiving any similar reimbursement from any other or the same institution or public or private organisation in respect of the same journey or stay.

DATE / /

SIGNATURE OF EXPERT:

TO BE COMPLETED BY THE MEETING SECRETARY

Section III

I certify that the Expert took part (1) from / / to / / in Meeting code Title arranged by DG:

and that the expenses claimed (dates and amounts) correspond to the attached supporting documents.

Location: BRU/LUX/ISPRA/Other: Expert's departure point (stated in the invitation):

Expert invited as: Individual Government representative

Ticket pre-paid by the Commission: yes no

COMMENTS:

Date (3) of submission of the complete file (if different from the date on which the meeting ends)

MEETING SECRETARY (2):

Date: / /

Name (block capitals):

Address: Tel:

Signature:

(1) please attach attendance list

(2) on behalf of the authorising DG

(3) this date will be the baseline date



WHEN AND HOW TO FILL IN THIS DOCUMENT:

All sections if your bank details have changed or are not known to the COMMISSION
Only sections 1 and 4 if you have forgotten your identification sticker
Only section 1 if your address has changed

Do you represent a government department or body? YES [] NO []
(If no answer is given it will be assumed that you do.)

1-EXPERT (for mailing purposes)

Form fields for expert details: SURNAME, FIRST NAME, ADDRESS, TOWN/CITY, COUNTRY, POSTCODE, TELEPHONE, FAX, MOBILE PHONE, E-MAIL

2-ORGANISATION FOR WHICH YOU WORK

Form fields for organization details: NAME, ADDRESS, TOWN/CITY, POSTCODE, COUNTRY

3-ACCOUNT NAME (OBLIGATORY)

Form fields for account details: ACCOUNT NAME (1), ADDRESS, TOWN/CITY, POSTCODE, COUNTRY, CONTACT PERSON, TELEPHONE, E-MAIL

4-BANK

Form fields for bank details: BANK NAME, BRANCH ADDRESS, TOWN/CITY, POSTCODE, COUNTRY, SORT CODE, ACCOUNT NUMBER, IBAN OBLIGATORY (IF CODE EXISTS)

5-REMARKS

BANK STAMP + SIGNATURE BANK REPRESENTATIVE (2) BOTH OBLIGATORY

DATE+SIGNATURE ACCOUNT HOLDER OBLIGATORY

(1) The name or title under which the account has been opened and not the name of the authorized agent
(2) It is preferable to attach a copy of recent bank statement, in which event the stamp of the bank and the signature of the bank's representative are not required. The signature of the account-holder is obligatory in all cases.



FINANCIAL IDENTIFICATION

PRIVACY STATEMENT

http://ec.europa.eu/budget/library/contracts_grants/info_contracts/privacy_statement_en.pdf

ACCOUNT NAME

ACCOUNT NAME ①

ADDRESS

TOWN/CITY

POSTCODE

COUNTRY

① *The name or title under which the account has been opened and not the name of the account holder*

CONTACT

TELEPHONE

FAX

E-MAIL

BANK

BANK NAME

BRANCH ADDRESS

TOWN/CITY

POSTCODE

COUNTRY

ACCOUNT NUMBER

IBAN ②

② *If the IBAN Code (International Bank Account Number) is applied in the country where your bank is situated*

REMARKS:

BANK STAMP + SIGNATURE OF BANK REPRESENTATIVE

(Both obligatory) ③

DATE + SIGNATURE OF ACCOUNT HOLDER

(Obligatory)

③ *It is preferable to attach a copy of recent bank statement. Please note that the bank statement has to provide all the information listed above under 'ACCOUNT NAME' and 'BANK'. In this case, the stamp of the bank and the signature of the bank's representative are not required. The signature of the account-holder is obligatory in all cases.*



LEGAL ENTITY

PRIVACY STATEMENT

http://ec.europa.eu/budget/contracts_grants/info_contracts/legal_entities/legal_entities_en.cfm#en

Please use CAPITAL LETTERS and LATIN CHARACTERS when filling in the form.

NATURAL PERSON

I. PERSONAL DATA

FAMILY NAME(S) ①	<input type="text"/>		
FIRST NAME(S) ①	<input type="text"/>		
DATE OF BIRTH	<input type="text"/> DD	<input type="text"/> MM	<input type="text"/> YYYY
PLACE OF BIRTH (CITY, VILLAGE)	<input type="text"/>	COUNTRY OF BIRTH	<input type="text"/>
TYPE OF IDENTITY DOCUMENT	IDENTITY CARD <input type="checkbox"/> PASSPORT <input type="checkbox"/> DRIVING LICENCE ② <input type="checkbox"/> OTHER ③ <input type="checkbox"/>		
ISSUING COUNTRY	<input type="text"/>		
IDENTITY DOCUMENT NUMBER	<input type="text"/>		
PERSONAL IDENTIFICATION NUMBER ④	<input type="text"/>		
PERMANENT PRIVATE ADDRESS	<input type="text"/>		
POSTCODE	<input type="text"/>	P.O. BOX	<input type="text"/>
CITY	<input type="text"/>		
REGION ⑤	<input type="text"/>	COUNTRY	<input type="text"/>
PRIVATE PHONE	<input type="text"/>		
PRIVATE E-MAIL	<input type="text"/>		

II. BUSINESS DATA

If YES, please provide BUSINESS DATA

Do you run your own business without a separate legal personality (e.g. sole traders, self-employed etc.) and you provide as such services to the Commission?

YES NO

BUSINESS NAME (if applicable)	<input type="text"/>
VAT NUMBER	<input type="text"/>
REGISTRATION NUMBER	<input type="text"/>
PLACE OF REGISTRATION: CITY	<input type="text"/>
COUNTRY	<input type="text"/>

DATE

SIGNATURE

① As indicated on the official document.

② Accepted only for Great Britain, Ireland, Denmark, Sweden, Finland, Norway, Iceland, Canada, United States and Australia.

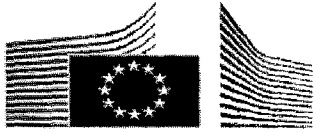
③ Failing other identity documents: residence permit or diplomatic passport.

④ See table with corresponding denominations by country.

⑤ To be completed with Region, State or Province by non EU countries only, excluding EFTA and candidate countries.

TABLE WITH CORRESPONDING FIELD DENOMINATION BY COUNTRY

ISO CODE	PERSONAL IDENTIFICATION NUMBER
AT	N/A
BE	N° d'identification du Registre national / Identificatienummer van het Rijksregister
BG	ЕГН- Единен граждански номер (ЕГН) Edinen grazhdanski nomer
CY	N/A
CZ	Rodné číslo (RČ)
DE	N/A
DK	Personnummer (Da. CPR, Det Centrale Personregister)
EE	Isikukood (IK)
ES	Documento Nacional de Identidad (DNI)/Numero de identificacion fiscal(NIF)/Id.N°
FI	Finnish: Henkilötunnus (HETU), Swedish: Personbeteckning
FR	N/A
GR	N/A
HR	Osobni identifikacijski broj (OIB)
HU	N/A
IE	N/A
IT	Codice fiscale
LT	Asmens kodas
LU	N/A
LV	Personas kods
MT	Identify card number
NL	Burgerservicenummer (BSN)
PL	Powszechny Elektroniczny System Ewidencji Ludności (PESEL)
PT	N° identificação civil
RO	Cod Numeric Personal (CNP)
SE	Personnummer
SI	Enotna matična številka občana (EMSO)
SK	Rodné číslo (RČ)



FINANCIAL IDENTIFICATION

PRIVACY STATEMENT

http://ec.europa.eu/budget/contracts_grants/info_contracts/financial_id/financial_id_en.cfm#en

Please use CAPITAL LETTERS and LATIN CHARACTERS when filling in the form.

BANKING DETAILS ①

ACCOUNT NAME ②	<input type="text"/>		
IBAN/ACCOUNT NUMBER ③	<input type="text"/>		
CURRENCY	<input type="text"/>		
BIC/SWIFT CODE	<input type="text"/>	BRANCH CODE ④	<input type="text"/>
BANK NAME	<input type="text"/>		
ADDRESS OF BANK BRANCH			
STREET & NUMBER	<input type="text"/>		
TOWN/CITY	<input type="text"/>	POSTCODE	<input type="text"/>
COUNTRY	<input type="text"/>		

ACCOUNT HOLDER'S DATA

AS DECLARED TO THE BANK

ACCOUNT HOLDER	<input type="text"/>		
STREET & NUMBER	<input type="text"/>		
TOWN/CITY	<input type="text"/>	POSTCODE	<input type="text"/>
COUNTRY	<input type="text"/>		

REMARK	<input type="text"/>
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BANK STAMP + SIGNATURE OF BANK REPRESENTATIVE ⑤	DATE (Obligatory)
	SIGNATURE OF ACCOUNT HOLDER (Obligatory)

- ① Enter the final bank data and not the data of the intermediary bank.
- ② The account name is usually the one of the account holder. However, the account holder may have chosen to give a different name to its bank account.
- ③ Fill in the IBAN Code (International Bank Account Number) if it exists in the country where your bank is established
- ④ Only applicable for US (ABA code), for AU/NZ (BSB code) and for CA (Transit code). Does not apply for other countries.
- ⑤ It is preferable to attach a copy of RECENT bank statement. Please note that the bank statement has to confirm all the information listed above under 'ACCOUNT NAME', 'ACCOUNT NUMBER/IBAN' and 'BANK NAME'. With an attached statement, the stamp of the bank and the signature of the bank's representative are not required. The signature of the account-holder and the date are ALWAYS mandatory.

TABLE WITH CORRESPONDING FIELD DENOMINATION BY COUNTRY

ISO CODE	MAIN REGISTRATION NUMBER
AT	Firmenbuchnummer (FN) ZentraleVereinregister (ZVR-Zahl) Ordnungsnummer
BE	Numéro d'entreprise Ondernemingsnummer Unternehmensnummer
BG	Булстат (Bulstat Code) Единен идентификационен код (ЕИК/ПИК) Unified Identification Code (UIC)
CY	Αριθμός Εγγραφής Αριθμός Μητρώου
CZ	Identifikační číslo (IČO)
DE	Handelsregister Genossenschaftsregister (Nummer de Firma) Vereinsregister (Nummer des Vereins) Nummer der Partnerschaft (Partnerschaftsregister)
DK	Det centrale virksomhedsregister (CVR-nummer)
EE	Registrikood
ES	HOJA number
FI	Yritys- ja yhteisötunnus (Y-tunnus) Företags- och organisationsnummer (FO-nummer) Business Identity code (Business ID)
FR	Immatriculation au Registre de Commerce et de Sociétés (RCS) Système Informatique du Répertoire des Entreprises (SIRENE)
GB	Company number
GR	ΑΡΙΘΜΟΣ Γ.Ε.ΜΗ (Γενικού Εμπορικού Μητρώου) Δικηγορικός Σύλλογος Αθηνών (Δ.Σ.Α)
HR	Matični broj subjekta (MBS) Pod registarskim Brojem Matični broj obrta (MBO) Registarski Broj kakladnog
HU	Cégjegyzékszám
IE	Company number Grouping registration number in Ireland
IT	Repertorio Economico Amministrativo (REA)
LT	Kodas
LU	Registre de commerce et des sociétés RCS Numéro d'immatriculation Handelsregisternummer
LV	Vienotais Reģistrācijas Numurs

MT	Registration number Register of Voluntary Organisation (Identification number)
NL	Kamer van Koophandel (KvK-nummer) Dossiernummer
PL	REGON
PT	Numero de identificação de pessoa colectiva (NIPC)
RO	Numar de ordine in registrul comertului Numarul inscrierii in registrul special
SE	Organisationsnummer
SI	Matična številka
SK	Identifikačné číslo (ICO)