



DANISH COMPETITION AND CONSUMER AUTHORITY

APPLICATION FOR LENIENCY

In order for the Competition and Consumer Authority to process your application for leniency, you must give your name, address, phone number etc. - cf. part I below - and provide a range of information on the cartel, see part II below.

PART I

A. 1. Please complete this section if, as an employee, a former employee, a member or former member of the executive board or board of directors of a company, you are applying for leniency. Your application will only cover you - not the company.

The applying individual

<i>Name and position</i>
<i>Civil registration number</i>
<i>Address</i>
<i>Postcode and town</i>
<i>Phone number which you want to be contacted on</i>
<i>E-mail address which you want to be contacted on</i>
<i>Fax, if applicable</i>

Any representative of the applying individual

<i>Name and position</i>
<i>Address</i>
<i>Postcode and town</i>
<i>Telephone, including direct telephone number</i>
<i>Email address</i>
<i>Fax:</i>

A. 2. If you can sign for¹ a company and want your personal application for leniency to also cover the company where you are employed, you must complete this part. The application for leniency will then include you, the company, current and former directors, managers and other employees.

The applying individual

<i>Name and position</i>
<i>Civil registration number</i>
<i>Address</i>
<i>Postcode and town</i>
<i>Phone number which you want to be contacted on</i>
<i>E-mail address which you want to be contacted on</i>
<i>Fax, if applicable</i>

The applying company

<i>Name</i>
<i>Company registration number</i>
<i>Address</i>
<i>Postcode and town</i>
<i>Telephone number</i>
<i>Industry</i>
<i>Contact person and position</i>
<i>Direct phone number</i>
<i>Email address</i>
<i>Fax:</i>

Any representative of the applying person and company

<i>Name and position</i>
<i>Address</i>
<i>Postcode and town</i>
<i>Telephone, including direct telephone number</i>
<i>Email address</i>
<i>Fax:</i>

¹ In accordance with a position-related authorisation, article of association or other special authorisation.

B. 1. Please complete this part if the application for leniency is submitted on behalf of a company. The application for leniency will cover the company, its current and former directors, managers and other employees.

The applying company

<i>Name</i>
<i>Company registration number</i>
<i>Address</i>
<i>Postcode and town</i>
<i>Telephone number</i>
<i>Industry</i>
<i>Contact person and position</i>
<i>Direct phone number</i>
<i>Email address</i>
<i>Fax:</i>

Any representative of the applying company

<i>Name and position</i>
<i>Address</i>
<i>Postcode and town</i>
<i>Telephone, including direct telephone number</i>
<i>Email address</i>
<i>Fax:</i>

B. 2. Information on companies in a group applying for leniency collectively

Company 1

<i>Name</i>
<i>Company registration number</i>
<i>Address</i>
<i>Postcode and town</i>
<i>Telephone number</i>
<i>Industry</i>
<i>Contact person and position</i>
<i>Direct phone number</i>
<i>Email address</i>
<i>Fax:</i>

Company 2

<i>Name</i>
<i>Company registration number</i>
<i>Address</i>
<i>Postcode and town</i>
<i>Telephone number</i>
<i>Industry</i>
<i>Contact person and position</i>
<i>Direct phone number</i>
<i>Email address</i>
<i>Fax:</i>

Company 3

<i>Name</i>
<i>Company registration number</i>
<i>Address</i>
<i>Postcode and town</i>
<i>Telephone number</i>
<i>Industry</i>
<i>Contact person and position</i>
<i>Direct phone number</i>
<i>Email address</i>
<i>Fax:</i>

Any representative of the applying companies

<i>Name and position</i>
<i>Address</i>
<i>Postcode and town</i>
<i>Telephone, including direct telephone number</i>
<i>Email address</i>
<i>Fax:</i>

C. Applications for leniency to other competition authorities concerning a cartel which covers Denmark and other countries.

C. 1. Please state which other competition authorities, including the Commission that have already received an application for leniency:

<i>Authority</i>	<i>Date of application</i>	<i>Complete application</i>	<i>Summary application</i>

PART II

1. Participants in the cartel

1.1. Please provide the names and addresses of the other participants in the cartel

2. The cartel

Give a detailed description of the cartel, including

2.1. The products concerned, i.e. the products affected by the cartel.

2.2. The affected markets, i.e. the geographical markets affected by the cartel.

2.3. What was the aim of the cartel?

2.4. What was the duration of the cartel?

2.5. List the documents which you are attaching to the application and which may constitute evidence of the cartel.

3. Other information

3.1. Indicate other factors which you think should be taken into consideration in relation to your application for leniency

The undersigned declares that the information provided in this application is correct and that any attached copies of documents are complete copies.

Place and date
Signature