

## Application for Leniency

(Courtesy translation. Only the Danish text is authentic).

In order to apply for leniency you are required to give information about your self (name, address, telephone etc.), see part I, and information about the cartel, see part II.

### PART I

**A. 1. Please complete this section if you as a present or previous employee or as present or previous member of the board of directors apply for leniency. Your application will only cover you – not the undertaking where you are or have been employed.**

*The applying person*

<i>Name and position</i>
<i>CPR no. (Social Security no.)</i>
<i>Address</i>
<i>Postcode and city</i>
<i>Telephone</i>
<i>E-mail</i>
<i>Fax</i>

*Possible representative of the applying person*

<i>Name and position</i>
<i>Address</i>
<i>Postcode and city</i>
<i>Telephone, including direct telephone</i>
<i>E-mail</i>
<i>Fax</i>

**A. 2. Please complete this section, if you are able to sign on behalf of<sup>1</sup> an undertaking and you wish your personal application to include the undertaking. The application for leniency will cover you, the undertaking, all present and previous members of the board of directors, managing directors and other employees.**

*The applying person*

<i>Name and position</i>
<i>CPR no. (Social Security no.)</i>
<i>Address</i>
<i>Postcode and city</i>
<i>Telephone</i>
<i>E-mail</i>
<i>Fax</i>

<sup>1</sup> According to your position, the articles of the company or otherwise power of attorney.

*The applying undertaking*

<i>Name</i>
<i>CVR no. (Company Registration no.)</i>
<i>Address</i>
<i>Postcode and city</i>
<i>Telephone</i>
<i>Line of business</i>
<i>Person to contact and position</i>
<i>Direct telephone</i>
<i>E-mail</i>
<i>Fax</i>

*Possible representative of the applying person and undertaking*

<i>Name and position</i>
<i>Address</i>
<i>Postcode and city</i>
<i>Telephone, including direct telephone</i>
<i>E-mail</i>
<i>Fax</i>

**B. 1. Please complete this section, if the application for leniency is made on behalf of an undertaking. The application for leniency will cover the undertaking, all present and previous members of the board of directors, managing directors and other employees.**

*The applying undertaking*

<i>Name</i>
<i>CVR no. (Company Registration no.)</i>
<i>Address</i>
<i>Postcode and city</i>
<i>Telephone</i>
<i>Line of business</i>
<i>Person to contact and position</i>
<i>Direct telephone</i>
<i>E-mail</i>
<i>Fax</i>

*Possible representative of the applying undertaking*

<i>Name and position</i>
<i>Address</i>
<i>Postcode and city</i>
<i>Telephone, including direct telephone</i>
<i>E-mail</i>
<i>Fax</i>

**B. 2. Please complete this section, if the application for leniency covers a group of companies***Company no. 1*

<i>Name</i>
<i>CVR no. (Company Registration no.)</i>
<i>Address</i>
<i>Postcode and city</i>
<i>Telephone</i>
<i>Line of business</i>
<i>Person to contact and position</i>
<i>Direct telephone</i>
<i>E-mail</i>
<i>Fax</i>

*Company no. 2*

<i>Name</i>
<i>CVR no. (Company Registration no.)</i>
<i>Address</i>
<i>Postcode and city</i>
<i>Telephone</i>
<i>Line of business</i>
<i>Person to contact and position</i>
<i>Direct telephone</i>
<i>E-mail</i>
<i>Fax</i>

*Company no. 3*

<i>Name</i>
<i>CVR no. (Company Registration no.)</i>
<i>Address</i>
<i>Postcode and city</i>
<i>Telephone</i>
<i>Line of business</i>
<i>Person to contact and position</i>
<i>Direct telephone</i>
<i>E-mail</i>
<i>Fax</i>

*Possible representative of the applying companies*

<i>Name and position</i>
<i>Address</i>
<i>Postcode and city</i>
<i>Telephone, including direct telephone</i>
<i>E-mail</i>
<i>Fax</i>

**C. Applications for leniency filed to other competition authorities concerning a cartel operating in Denmark and other countries.**

**C. 1. Please give information about other competition authorities – including the EU Commission – that have already received a complete application for leniency:**

<i>Authority</i>	<i>Date of filing</i>

**C. 2. Please give information about other EU-competition authorities – including the EU-Commission – that have already received a so-called summary application:**

<i>Authority</i>	<i>Date of filing</i>

## **PART II**

### **1. Participants in the cartel**

1.1. Names and addresses of the other participants in the cartel

### **2. The cartel**

Give a detailed description of the cartel, including

2.1. The affected products.

2.2. The affected territory (-ies).

2.3. The nature of the cartel.

2.4. The duration of the cartel

2.5. Indicate the documents that you enclose the application and which may serve as an evidence for the existence of the cartel.

### **3. Other information**

3.1. Refer to any other circumstances that you consider important in the assessment of your application for leniency.

The undersigned hereby declares that the information contained in this application is correct and that possible copies of documents are complete copies.

<i>Place and date</i>
<i>Signature</i>