**ANNEX II.6**

**SAMPLE OF RECEIPT/ ACKNOWLEDGE FORM**

(From requesting country to party offering assistance)

|  |  |
| --- | --- |
| REFERENCE |  |
| INCIDENT NAME |  |
| LOCATION |  |
| DATE/TIME / (UTC) |  |

**TO PARTY OFFERING ASSISTANCE**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Name of authority / Company |  |
| Telephone |  |
| Fax |  |
| Email |  |

**FROMREQUESTING COUNTRY**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Name of authority / Company |  |
| Telephone |  |
| Fax |  |
| Email |  |

**OFFER**

|  |  |
| --- | --- |
| **OFFER NAME/DESCRIPTOR** |  |
| **Received on** | Date and time |
| **Received by** |  |
| Name |  |
| Position |  |
| Name of authority / Company |  |
| Telephone |  |
| Fax |  |
| Email |  |
| **Estimated date of confirmation** | Date and time |

Authorized requesting authority’s Signature Date

Authorized requesting authority's Name

Title and function