**Case team allocation request - Mergers**

**To be sent by email to** COMP-MERGER-REGISTRY@ec.europa.eu

**Please indicate the information below:**

**1) Your contact details:**

**Name:**

**Company/law firm:**

**Telephone number:**

**Email:**

**2)** **Dossier type Pre-notification**

[ ]  Form CO

[ ]  Form CO simplified

[ ]  Form CO super-simplified without pre-notification

[ ]  Form RS Art. 4(4)

[ ]  Form RS Art. 4(5)

[ ]  Jurisdictional Consultation

[ ]  Consultation on Art. 22

**3) Extended level of confidentiality in the pre-notification phase**

Information submitted in pre-notification is protected by Article 17 of the Merger Regulation and pre-notification contacts are kept confidential. Nevertheless, some highly market sensitive transactions may require additional protection. If this is the case, please indicate this below providing a justification for the need for additional protection.

Only where requests for an extended level of confidentiality are considered justified, the Commission will use a code name for the transaction. Please indicate below the code name to be used.

**An extended level of confidentiality is requested because:**

[ ]  a) the transaction involves publicly traded companies, is not yet known to the market and is highly market sensitive

[ ]  b) other reason (please explain)

**Suggested code name (only if one of the boxes above is ticked):**

**4)** **Companies involved country of origin, role and turnover[[1]](#footnote-1):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Companies** | **Country** | **Role[[2]](#footnote-2)** | **Turnover(million EUR)** | **Year of turnover[[3]](#footnote-3)** |
| **World** | **EU** |
| ---- |  |  |  |  |  |

**5) Name the main product(s) / Economic activities**

|  |  |
| --- | --- |
| **Name of product(s)/activities** | **NACE code** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**6) Brief description of the parties, the transaction, the markets involved and complexity of the case**

**7) Is case linked with or related to any other current or previous case?**

[ ]  Yes, case number

[ ]  No

**8) Is the transaction subject to a notification under the Foreign Subsidies Regulation?**

[ ]  Yes. Indicate case number if available:

[ ]  No

|  |  |
| --- | --- |
| **9) Expected date of first draft:** |  |

|  |  |
| --- | --- |
| **10) Expected date of notification:** |  |

**11)** **Proposed case language**

BG - CS – DA - DE – EL - EN – ES - ET – FI - FR – HR – HU - IT – LT – LV - MT - NL – PL - PT – RO - SK – SL - SV *(please choose)*

**12) Any other information you want to submit at this stage:**

**Date:**

1. For pre-notification, complete turnover if available. [↑](#footnote-ref-1)
2. A/P = Acquirer/Parent(s)

 A = Acquirer

 T =Target

 NC = Newly created company constituting a JV

 MP = Merging Party [↑](#footnote-ref-2)
3. If fiscal year does not fall together with calendar year, indicate end of fiscal year in full date format (dd/mm/yyyy) [↑](#footnote-ref-3)