Kingdom of Cambodia Nation Religion King

Notification

I, Srinna Ty, ID No: 445, am a member of the Bar Association of the Kingdom of Cambodia and a legal representative of civil parties in Case 001/18-07-2007 before the Extraordinary Chambers in the Courts of Cambodia. My office is located at 66, Preah Sihanouk Blvd, Phnom Penh, Cambodia.

TO

President of the Trial Chamber at the Extraordinary Chambers in the Court of Cambodia

Please be informed.

Subject:

Death of Suos Sarin, civil party, and request to recognize her husband Um Piseth as

civil party in Case File No. 001/18-07-2007

Reference:

-Case File No. 001/18-07-2007 before the Extraordinary Chambers in the Courts of Cambodia

-Notification Letter dated 06 August 2008 recognizing Suos Sarin as civil party

-Death Certificate of Suos Sarin dated 12 January 2009

-Appointment letter of behalf of Suos Sarin -Family Registration Book, No. K02629

In accordance with the abovementioned subject and reference, I would like to inform the **President** of the Trial Chamber at the Extraordinary Chambers in the Courts of Cambodia that my client Suos Sarin passed away on 27 December 2008. Her death certificate dated 12 January 2009 is attached. Before her death, Suos Sarin had thumb printed a delegation of her rights as a civil party in the above Case to her husband Um Piseth to participate to all the ECCC proceedings as she could anymore be involved herself. This delegation is also attached.

I therefore request The President of the Trial Chamber at the Extraordinary Chambers in the Courts of Cambodia to kindly be informed of the matter and recognize the right for Um Piseth to act as civil party in the abovementioned case on behalf of his deceased wife.

All AM Stud

Srinna TY

Phnom Penh, 22 January 2009

សន្ទនេះសេត្តជ					
DOCUMENT RECEIVED/DOCUMENT REÇU					
ोंग्रे रेंथ द्वारे (Date of receipt/Date de reception):					
1976 (Time/Houre): 11530					
មន្ត្រីទទូលបន្ទុកសំណុំរឿង/Case File Officer/L'agent charge du dossier:					

			เคลือสางอ ฏระ Certifiée Conf	
iş io	_		Date/Date de certific	
on qu	ovenisė esier	inc.	Me Officer/L'agent	chargé