**UPU Quality of Service Programme**

**Use of postal traffic data within the framework of the project to assess compliance with UPU standards**

*(This form must be completed by organizations wishing to participate in the project)*

|  |
| --- |
| Name of organization |

On behalf of the organization above, and in accordance with the decision of the UPU Postal Operations Council, which approved the project to assess compliance with UPU standards by analyzing the content of EDI mes­sages exchanged between designated operators and carriers, we authorize the UPU to use our EDI data with a view to achieving the objectives of the project. This authorization shall be valid throughout the duration of the project or until the participant informs the UPU that they wish to withdraw from the project. If a withdrawal request is received by the UPU, it takes effect immediately.

In accordance with this agreement, the UPU may use the postal traffic data for all products to assess com­pliance with UPU standards via EDI messages and produce consolidated compliance reports for the project participants. The UPU will get copy of a monthly sample of maximum 7 days.

Postal traffic data will be treated as strictly confidential. Only non-personal, non-individualized aggregate data reports will be published and made available to the project participants. Individual reports will be made available only to the designated operator or airline concerned.

The UPU will implement advanced security measures to protect this data from unauthorized transmission or access by third parties.

Organizations wishing to participate in this project must complete this form and return it to the UPU International Bureau, using the following address:

Standards, Certification, Compliance and Addressing Solutions Programme

UPU International Bureau

P.O. Box 312

3000 BERNE 15, SWITZERLAND

Fax: +41 31 350 31 10

E-mail: [jean-marc.coeffic@upu.int](mailto:jean-marc.coeffic@upu.int) and [jan.bojnansky@upu.int](mailto:jan.bojnansky@upu.int)

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| --- | --- | --- | --- | --- |
| Full name of representative of organization | | | | |
| Position/title of representative of organization | | | | Ms  Mr |
| Address | | | | |
| Tel. | | Fax | | |
| E-mail | | | | |
| Name of the person signing the form | | | | |
| Date and place | Signature | | Stamp | |