



Bundesamt für zentrale Dienste
und offene Vermögensfragen
53221 Bonn

Application

pursuant to the Federal Government Directive concerning the payment of amounts to victims of persecution in recognition of work in a ghetto which did not constitute forced labour (Ghetto Work Recognition Directive) of July 20, 2011*

Completing the declaration form:

In order to allow us to take an appropriate decision regarding your application, we require some important details and documents from you. We therefore kindly ask you to answer all the following questions and to attach the required documents, where available. Submitting documents in German may shorten the processing time for your application, as no translations would be required.

Before you return the questionnaire, we kindly ask you to have your personal details confirmed on page 2 by an official authority and to attach a copy of your identification papers. Please sign the application.

*Revised version of the "Federal Government Directive concerning the payment of amounts to victims of persecution in recognition of work in a ghetto which did not constitute forced labour and which has not been recognised to date under social insurance law" of 1 October 2007; **new title:** "Federal Government Directive of 20 July 2011 concerning the payment of amounts to victims of persecution in recognition of work in a ghetto which did not constitute forced labour (Ghetto Work Recognition Directive)

1. Personal details of the applicant

Name	First name	Date of birth
Name at birth	Place of birth (country)	
Previous names	Divergent spellings, where applicable	
Address (street, postal code, town/city, country)		
Citizenship		

2. Third party application

The application is submitted by proxy by		
Name	First name	Official agency (file no., where applicable)
Address (street, postal code, town/city, country)		
In the capacity of		Please enclose authorisation or order of the Guardianship Court
<input type="checkbox"/> Legal representative	<input type="checkbox"/> Guardian	<input type="checkbox"/> Carer <input type="checkbox"/> Authorised representative

Confirmation by official authority

(e.g. all authorities of the country of residence, notaries, banks, hospitals, Red Cross, and embassies and consulates of the Federal Republic of Germany)

The applicant is alive. The personal details were confirmed on the basis of:	
Identification document	Number
<input type="checkbox"/> Identity card	
<input type="checkbox"/> Passport	
<input type="checkbox"/> Other documents (birth certificate, marriage certificate or certificate of parentage)	
Location, date	Seal of official authority and signature

3. Persecution details

3.1 Have you been recognised as a victim of persecution within the meaning of section 1 of the Federal Indemnification Act (*Bundesentschädigungsgesetz*, or BEG)?

yes, by

File no

Federal state authorities (BEG)

Federal Ministry of Finance

Jewish Claims Conference

Other authorities (please indicate which)

No

Please attach the official document(s)!

3.2 Place of residence at the time of the persecution:

Address (town/city, district)

Country

Since when?

3.3 Grounds for the persecution, emigration or injustice suffered:

Political grounds

Parentage/race

Religion

Other: _____

3.4 General details on persecution history

a) Were you in more than one ghetto?

Yes | No

b) Were you also in a concentration camp or similar?

Yes | No

c) Please provide a brief description of your persecution history, including places and dates (*this is of particular importance if the above questions were answered with "no"*):

4. Details on ghetto work undertaken (please attach any relevant documentation you may still have at your disposal)			
4.1 In which ghettos were you situated?			
	Ghetto (town/city, district, region/country)	Present	from - to
4.2 Did you work while staying in the ghetto (please indicate all activity undertaken)?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes, from - to at (place of work/employee)	in ghetto as (nature of work and brief description of work conditions)	
4.3 Was the work also carried out outside the ghetto?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes, from - to at (place of work/employer)	as (nature of work and brief description of work conditions)	
4.4 What were the circumstances leading to the work inside or outside of the ghetto?			
<input type="checkbox"/> I found the work myself. <input type="checkbox"/> I was placed upon my own request (please indicate the body that arranged the work, where available). <input type="checkbox"/> I was forced to take on the work by means of application or threat of physical violence.			

5. Details on other benefits		
5.1 Are you in receipt of a pension from the German Pension Fund or have you applied for such a pension?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Name of insurer	Insurance number
Please enclose the notice of pension entitlement		
5.2 Do you receive a pension from another pension insurance scheme in relation to the period of work carried out in a ghetto, or have you applied for such a pension?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Country , name of insurer	Insurance number
Please enclose the notice of pension entitlement		
5.3 Have you received a compensation payment from the Foundation "Remembrance, Responsibility and Future" or have you applied for such a payment?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, file number	

6. Bank details (please provide the details of your own account. No payments will be made to third parties).		
Account holder:	Account no.:	Bank code:
BIC / SWIFT Code:	IBAN:	
Name and address of bank:		

7. Declaration:

I hereby declare in lieu of oath that all the above and the attached statements are correct.

I understand that my application will be rejected and any amounts already paid recovered should I knowingly provide incorrect information.

I am aware that there is no legal claim to the payment.

8. Declaration of consent:

In order to determine whether the preconditions for payment in recognition of ghetto work are fulfilled, it may be necessary to obtain information from the German Pension Fund, the foreign pension insurers and the compensation authorities.

The following consent is necessary in order to ensure that a final evaluation of the preconditions for application can be carried out.

I agree that the Federal Office for Central Services and Unresolved Property Issues (BADV) may request the necessary information to this end and to the extent needed to process my application from the bodies indicated by me in sections 3.1 and 5.1 to 5.3 and may further – where necessary – obtain access to the files. I consent to having the German Pension Fund, the foreign pension insurers and the compensation authorities forward the necessary information to the BADV and allow it access to the files where necessary.

Location

Date

Personal signature

Annexes:

Copy of valid identification papers

Other:
