



Bundesamt für zentrale Dienste  
und offene Vermögensfragen  
11055 Berlin

### **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 12, 2017**

#### 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 both the application and the attached agreement of assignment.**

BADV

|   |                                    |  |
|---|------------------------------------|--|
| <b>1. Applicant's personal information</b>  |                                    | <b>(Please use the Latin alphabet)</b> |
| <input type="checkbox"/> Mr.  |                                    | <input type="checkbox"/> Mrs.          |
| Name  | First name                         | Date of birth                          |
| Birth name  | Place of birth (country)           |  |
| Father's last name / patronymic   |                                    |  |
| Previous names  | Divergent spellings, if applicable |  |
| Address (street, postal code, town/city, country)   |                                    |  |
| Nationality   |                                    |  |
| <b>Only for persons currently residing in the US:</b><br>What is your social security number (SSN)?   |                                    |  |
| <b>Only for persons who currently reside or have resided in the past in Israel:</b><br>What is the number of your Israeli identity card (ID)? |                                    |  |

|  |                              |
|--|------------------------------|
| <b>Confirmation by an official authority</b><br>(e.g. all authorities of the country of residence, banks, hospitals, Red Cross/Red Crescent and embassies and consulates of the Federal Republic of Germany) |                              |
| The applicant is alive. His or her personal information was 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)   |                              |
| Place, date  | Official stamp and signature |

**1.1. Information on applicant's spouse / children**

|  |            |               |
|--|------------|---------------|
| I am married to  |            |               |
| Name   | First name | Date of birth |
| Address, if different (street, postal code, town/city, country)                                  |            |               |
| Should you have living children, please fill in information for <u>one</u> of your children here |            |               |
| Name   | First name | Date of birth |
| Address (street, postal code, town/city, country)  |            |               |

**2. Third-party application**

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

| 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 ( <i>Bundesentschädigungsgesetz</i> , or BEG)?                    |                             |             |
| <input type="checkbox"/> yes, by   | File no                     |             |
| <input type="checkbox"/> Federal state authorities (BEG)   |                             |             |
| <input type="checkbox"/> Federal Ministry of Finance   |                             |             |
| <input type="checkbox"/> Jewish Claims Conference  |                             |             |
| <input type="checkbox"/> Other authorities (please indicate which)   |                             |             |
| <input type="checkbox"/> No  |                             |             |
| <b>Please attach the official document(s)!</b>   |                             |             |
| 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:   |                             |             |
| <input type="checkbox"/> Political grounds   |                             |             |
| <input type="checkbox"/> Parentage/race  |                             |             |
| <input type="checkbox"/> Religion  |                             |             |
| Other: _____   |                             |             |
| 3.4 General details on persecution history   |                             |             |
| a) Were you in more than one ghetto?   |                             |             |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No |             |
| b) Were you also in a concentration camp or similar?   |                             |             |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No |             |
| c) Please provide a brief description of your persecution history, including places and dates<br>( <i>this is of particular importance if the above questions were answered with "no"</i> ): |                             |             |
|  |                             |             |

| 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 <b>all</b> activity undertaken)?                                |   |  |  |  |
| <input type="checkbox"/> No   | <input type="checkbox"/> Yes, from - to | at (place of work/ employer)   | 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.             |   |  |  |  |

|   |   |   |
|---|---|---|
| <b>5. Details on other benefits</b>                     |   |   |
| 5.1   | Are you in receipt of a pension from the <b>German</b> Pension Fund?  |   |
| <input type="checkbox"/> No                             | <input type="checkbox"/> Yes, Name of insurer   | <input type="checkbox"/> is applied, Insurance number |
| <b>Please enclose the notice of pension entitlement</b> |   |   |
| 5.2   | Do you receive a pension from <b>another</b> pension insurance scheme in relation to the period of work carried out in a ghetto?              |   |
| <input type="checkbox"/> No                             | <input type="checkbox"/> Yes, <b>Country</b> , name of insurer  | <input type="checkbox"/> is applied, Insurance number |
| <b>Please enclose the notice of pension entitlement</b> |   |   |
| 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   |   |

|  |      |                    |
|--|------|--------------------|
| <b>6. Declaration:</b>   |      |                    |
| 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.<br><br>I am aware that there is no legal claim to the payment.   |      |                    |
| <b>7. Declaration of consent:</b>  |      |                    |
| 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.<br><br>The following consent is necessary in order to ensure that a final evaluation of the preconditions for application can be carried out.<br><br>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
  - a power of attorney document or order of the guardianship court (if applicable)
  - Other: \_\_\_\_\_