

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 and which has not been recognised to date under social insurance law

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.

1.	Personal details of the appli	cant			
	Name	First	name		Date of birth
	Name at birth	Place	of birth (country	v)	
				,	
	Previous names	Dive.	rgent spellings, v	where applicable	
	Address (street, postal code, town/o	city, country)			
	Citizenship				
2.	Third party application				
	The application is submitted by	by proxy by			
	Name	First name			ial agency (file no., where
		ī		appli	cable)
	Address (street, postal code, town/o	city, country)			
	T. d				
	In the capacity of				order of the Guardianship Court
	Legal representative	Guardian	Carer	Authori	sed representative
	Confirmation by official	<u>-</u>			
	(e.g. all authorities of the country of	f residence, notai	ries, banks, hospi	itals, Red Cross,	and embassies and consulates of
	the Federal Republic of Germany)	1 1 4 11	C.	1 41 1 1	C
	The applicant is alive. The pe Identification document		were confirme	ed on the basis	S OI:
		Number			
	Identity card				
	Passport				
	Other documents (birth				
	certificate, marriage certificate or				
	certificate of parentage)				
	Location, date		Seal of o	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 (<i>Bundesentschädigungsgesetz</i> , or BEG)?			on 1 of the
	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 perse	cution:		
	Address (town/city, district)	Country		Since when?
3.3	Grounds for the persecution, emigration of	r injustic	e suffered:	- L
	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	ch ghettos were you situated?						
	Ghetto (to	wn/city, district, re	gion/country)			Prese	nt from -	to
ŀ								
4.2	Did you	work while stay	ing in the g	ghetto (p	olease indica	te all	activity undertaken)?
	☐ No	Yes, from -	at (place of		in ghetto			nd brief description of
		to	work/en	nploye)			work conditions)	
4.3	Was the	work also carrie	ed out outsid	de the g	hetto?			
	☐ No	Yes, from - to	0	at (place	e of work/emp	loyer)		nd brief description of
		work conditions)						
4 4	XX71 4	41	1 1	4 . 41				2
4.4 		were the circumstances leading to the work inside or outside of the ghetto? Indeed, the work myself.						
		blaced upon my own request (please indicate the body that arranged the work, where available).						
		naced upon my own request (please indicate the body that arranged the work, where available).						
	□ I was f	formed to take and the month by manner of application and breat of almost a late to the control of the control						
	∟ I was I	Forced to take on the work by means of application or threat of physical violence.						

5.	Details o	n other benefits				
5.1	Are you in receipt of a pension from the German Pension Fund or have you applied for such a pension?					
	□ No	Yes, Name of insurer		Insurance number		
	<u> </u>			Please enclose the notice of pension entitlement		
5.2		ried out in a ghetto, or have y		ance scheme in relation to the period of uch a pension?		
	□ No	Yes, Country, name of insurer		Insurance number		
				Please enclose the notice of pension entitlement		
5.3	•	received a compensation pare" or have you applied for so	•	Foundation "Remembrance, Responsibility		
6.	Bank details (please provide the details of your own account. No payments will be made to third parties).					
	Account ho	older:	Account no.:	Bank code:		
	BIC / SWI	FT 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:

Other:

Agreement of assignment Copy of valid identification papers



AGREEMENT OF ASSIGNMENT

be	tween
and	
Fe	deral Office for Central Services and Unresolved Property Issues - BADV -
1)	Pursuant to section 1(2) of the Directive ¹ , the BADV has a claim against the applicant to have the amounts received repaid where a review pursuant to section 44 of the Tenth Book of the German Social Code (<i>Socialgesetzbuch</i> , SGB X) leads to the revocation of the rejecting decision of the pension insurer with respect to the recognition of contribution periods pursuant to the Law regarding the conditions for making pensions payable on the basis of employment in a ghetto (<i>Gesetz zur Zahlbarmachung von Renten aus Beschäftigungen in einem Ghetto</i> , ZRBG) or an application leads to a pension entitlement. The claim shall become due when the notice of pension entitlement is disclosed.
2)	In order to secure this repayment claim, the applicant assigns to the BADV the respective parts of his/her monthly pension entitlement from the German statutory pension insurance scheme attachable under section 53 of the First Book of the German Social Code (SBG I), and shall do so in the order of their accrual up to a maximum amount of €2000.
3)	The BADV shall be entitled to dispose of the claims assigned to it only where the applicant falls into arrears with his/her repayments, the BADV has imposed a reasonable period for repayment after which the claim is in danger of disposal and has indicated such in writing to the applicant, and the period has expired without repayment having been received.
Lo	cation Date

¹ 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

Applicant	BADV

