



Bundesamt
für zentrale Dienste und
offene Vermögensfragen

Bundesamt für zentrale Dienste und offene Vermögensfragen
(Federal Office for Central Services and Unresolved Property Issues)
11055 Berlin
Germany

Application

for a one-time pension substitution supplement in accordance with section 2(2) of the German Federal Government guidelines 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 Guidelines) of 12. July 2017

In order to evaluate your application properly, we need you to provide some important information and documents. We therefore request that you answer all the following questions and enclose any relevant documents that you have with your application. Submitting documents in German can help to shorten the processing time for your application. Otherwise, we would need to have the documents translated.

Before you return the questionnaire, we kindly ask you to have your personal details confirmed on page 1 by an official authority. Please enclose a **copy** of the identification document (e.g. passport or identity card) you presented to this authority.

Please sign the application form and declaration of consent.

BADV - REV

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

Confirmation by an official authority (e.g. any 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

2. Information on applicant's spouse / children		
I am married to		
Last name	First name	Date of birth
Address, if different (street, postal code, town/city, country)		
Should you have living children, please provide information about <u>one</u> of your children here		
Last name	First name	Date of birth
Address (street, postal code, town/city, country)		

3. Third-party application			
The application is submitted on behalf of the applicant by			
Last 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

4. Information about a pension application pursuant to the Ghetto Pensions Act (<i>Gesetz zur Zahlbarmachung von Renten aus Beschäftigungen in einem Ghetto</i>)			
4.1	Have you submitted an application under the Ghetto Pensions Act to Deutsche Rentenversicherung (German Pension Insurance) that was rejected solely because the general qualifying period pursuant to section 50(1) of the Sixth Book of the Social Security Code (<i>Sechstes Buch Sozialgesetzbuch</i>) was not fulfilled? <input type="checkbox"/> Yes <table border="1"><tr><td>Name of insurer</td><td>Insurance number</td></tr></table> <p>The pension notice informing me of the rejection</p> <p><input type="checkbox"/> is enclosed as a photocopy <input type="checkbox"/> will be submitted later <input type="checkbox"/> is no longer available</p> <p>Have you submitted a review request to Deutsche Rentenversicherung in connection with the above-mentioned rejection notice?</p> <p><input type="checkbox"/> Yes, on [date] <input type="checkbox"/> No</p> <input type="checkbox"/> No	Name of insurer	Insurance number
Name of insurer	Insurance number		

4.2	Have you previously submitted an application under section 1 of the Ghetto Work Recognition Guidelines?
	<input type="checkbox"/> Yes. The reference number is: AG AfG -O 1470 -
	<input type="checkbox"/> No
If you would like to submit an application pursuant to section 1 of the Ghetto Work Recognition Guidelines, please also complete the relevant application form. This is available online at http://www.badv.bund.de.	

5. Declaration:
I hereby declare that all the above information and the attached statements are correct.
I understand that my application will be rejected, and that I will have to return any amounts already received, should I knowingly provide incorrect information.
I am aware that there is no legal entitlement to the payment.

6. Declaration of consent:	
In order to determine whether the conditions for payment in recognition of ghetto work are fulfilled, it may be necessary to obtain information from Deutsche Rentenversicherung, foreign pension authorities and/or the compensation authorities.	
The following consent is necessary in order to ensure that a proper evaluation of your application can be carried out.	
I hereby consent to the Federal Office for Central Services and Unresolved Property Issues (BADV) requesting any necessary information, to the extent needed to process my application, from the authority I have specified in section 4.1 above. The BADV may also – where necessary – be granted access to the relevant files. I hereby consent to Deutsche Rentenversicherung, foreign pension authorities and/or the compensation authorities forwarding any necessary information to the BADV and granting it access to the relevant files, where necessary.	
Place, date	Signature

Enclosures: I am enclosing the following documents with this application form

- A copy of a valid passport/identity card or other documents used to confirm my personal information (see page 1)
- A pension notice from Deutsche Rentenversicherung
- A power of attorney document or order of the guardianship court (if applicable)
- Other documents (please specify):