Application for the SAVEZ Compensation Program to Holocaust Survivors

PLEASE COMPLETE THE FORM USING ROMAN LETTERS

NAME AND ADDRESS: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

(CITY / TOWN)

PLACE OF RESIDENCE BEFORE AND AT THE BEGINNING OF PERSECUTION:

_____

(CITY / TOWN)

Proof of Nazi persecution during the Holocaust:

a. If you are currently receiving or have received compensation as a victim of Nazi persecution during the Holocaust, please provide proof of receipt of compensation (such as, approval letters or Life Certificates) under any of the following compensation funds: BEG (*wiedergutmachung*), Conference on Jewish Material Claims Against Germany Program for Former Slave and Forced Laborers or the Hardship Fund or the Israeli Ministry of Finance.

b. If you have never received compensation under any of the above-mentioned funds, please submit a short description of your persecution experience and provide documentation that offers proof of your persecution experience.

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DECLARATION OF APPLICANT:

I hereby declare that I am of Jewish nationality and lived in Serbia during the Holocaust.
I further declare that the statements above are true. I am aware that knowingly making untrue statements will result in a rejection. Positive decisions made on false information will be overturned and I will return the full amount of my payment to SAVEZ.

I am aware that I have no legal entitlement to receive assistance from SAVEZ. Without derogating from the above, I irrevocably waive – insofar as this is legally admissible – any claim that I have or may later assert against SAVEZ relating to or connected with this application or the processing thereof. I agree that SAVEZ may request additional information and documents to process my application.

I hereby authorize SAVEZ, for the purpose of obtaining additional information necessary to process my application, to request any information and documents from authorities, archives, organizations and institutions inside and outside of Serbia, including but not limited to the Claims Conference or the Ministry of Finance in Israel, relating to my persecution during the Holocaust. In addition, I authorize SAVEZ to delegate this authority to another person or entity for this purpose, including to the Claims Conference.

SIGNATURE AND CERTIFICATION OF APPLICANT

Note: Authorized Representatives/Guardians Requirements
If an applicant is unable to sign this application form, an authorized representative may sign on his/her behalf. Please submit the following documents: (1) a copy of a Power of Attorney or a document granting legal guardianship; (2) a copy of the authorized representative's government issued ID; (3) a note signed and written on letterhead from a doctor or medical professional caring for the applicant or a copy of a recent bill or bank statement in the applicant's name.

Signature:	**Date (Day/Month/Year):**
City/Town and Country:	**Telephone Number:** **Email Address:**

APPLICATIONS MUST BE CERTIFIED BY A NOTARY, BANK, SERBIAN CONSULATE, A JEWISH SOCIAL SERVICE AGENCY POSSESSING A SEAL, OR A GOVERNMENTAL OFFICE OF A CITY/TOWN HALL (IN EUROPE).

I certify that the applicant or authorized representative signed the application in front of me and that his/her identity is confirmed by:

☐ **Passport Number** ☐ **Other Identity Document with photograph (please specify the name of the document):**	**The Passport or ID number is:**
Certifier's Name:	
Title:	**Organization:**
Date (Day/Month/Year):	**Certifier's Signature and Stamp:**