Please read this carefully before filling in the application form!

E X P L A N A T O R Y N O T E S
regarding the
A P P L I C A T I O N F O R M
F O R I N R E M R E S T I T U T I O N
of the
GENERAL SETTLMENT FUND FOR VICTIMS OF NATIONAL SOCIALISM

This application form is to be used when filing an official application with the General Settlement Fund.

This application form is **to be used for applications for *in rem* restitution only.** The filing period for applications for *in rem* restitution ends on **December 31, 2009**. The application form is **not to be used for applications for monetary compensation**, since the filing period for applications for monetary compensation expired on May 28, 2003.

1.) *IN REM* RESTITUTION of immovable property: only possible if the immovable property belonged to the city of Vienna, the province of Vorarlberg or the municipality Mattersburg or any legal person under public or private law wholly owned by one of the mentioned entities on 17 January 2001.

2.) *IN REM* RESTITUTION of tangible movable property of Jewish communal organizations: only possible if the movable property belonged to the city of Vienna, the province of Vorarlberg or the municipality Mattersburg or any legal person under public or private law wholly owned by the mentioned entities on 17 January 2001.

If you, as a claimant, **file an application for yourself**, please complete the form *"Individual"*.

If you wish to **file an application for an association**, please complete the form *"Associations and other legal bodies".*

The application form should be completed in as much detail as possible in all sections. Please **do not forget to sign on the 1st, 3rd and 5th page**!

What does the application form consist of?

- Page 1: *Cover sheet containing acceptance of extension*. Please make sure you do fill in this sheet.
- Page 2/4: *Particulars of claimant*
- Page 3/5: *Previously awarded payments*: Have you already received payments resulting from previous measures? If so, please state the amount.
- Pages 6 to 9: *Application sheets*: **Please be aware that each application sheet consists of two pages.** The application sheet "*IN REM* RESTITUTION IMMOVABLE PROPERTY/BUILDING (SUPERSTRUCTURE)" consists of pages 6 and 7 of the application form. The application sheet "*IN REM* RESTITUTION FOR JEWISH COMMUNAL ORGANISATIONS: TANGIBLE MOVABLE PROPERTY" consists of pages 8 and 9 of the application form
- Page 10: *If you file a claim as an heir and not as an injured person:* Please indicate all other heirs who are also entitled to a share in the injured person's estate.

Layout of the application sheets

Both application sheets have a similar layout:

In Section One, the confiscated property should be described in as much detail as possible. Please give your own estimate of its value at the time.

In Section Two, please provide information about previously handled processes/ settlements and documents thereof whenever possible.

Section Three: please tick those documents of which you are enclosing copies with your application. If you present **documents** that are **not listed**, please mention these under "Others".

Section Four: please provide the data of the **injured person**. We need this information in order to be able to handle your application. **Please complete this section in as much detail as possible**.

In Section Five, please indicate whether you are the **injured person** or whether you are an **heir** to the injured person. If you are an heir, please list all heirs between the injured person and yourself. Please also enclose all relevant documents. This is of particular importance since payments to heirs can only be made if there is evidence for a succession *ab intestatio* (uninterrupted succession).

Please provide us with all information that is available to you. Whenever possible, please also describe the circumstances leading to the loss of the property values.

WE THANK YOU FOR YOUR COOPERATION!!

Please return the completed application form to the address indicated below:

General Settlement Fund
Parliament – A-1017 Vienna, Austria
Tel.: +43/1/408 12 63

Should you wish to see us personally, please be advised that this is only possible by appointment, from Mondays to Thursdays between 09.00 and 12.00 hrs.

G E N E R A L S E T T L E M E N T F U N D
FOR VICTIMS OF NATIONAL SOCIALISM
ALLGEMEINER ENTSCHÄDIGUNGSFONDS FÜR OPFER DES NATIONALSOZIALISMUS

APPLICATION

FOR

IN REM RESTITUTION

CLAIMANT:

Last Name.
First Name:
Street, No.:
City:
State:

This application form serves the purpose of making an application for *in rem* restitution under the General Settlement Fund. Please read the explanatory notes carefully before completing the application form.

Please be aware that the filing period ends on December 31, 2009!

We are aware of the difficulties you might face in providing us with detailed information after such a long period of time has passed and would thus like to seize the opportunity to express our appreciation for your efforts.

If further documents should be found through research, which substantiate additional losses, I consent to the extension of my application Date:.....……..... Signature:.....

Please make sure you also do sign on page 3 or/and 5, respectively.

A-1017 Vienna, Austria – Parliament
Tel.: +43/ 1/ 408 12 63 Telefax: +43/ 1/ 310 00 88

G E N E R A L S E T T L E M E N T F U N D
FOR VICTIMS OF NATIONAL SOCIALISM
ALLGEMEINER ENTSCHÄDIGUNGSFONDS FÜR OPFER DES NATIONALSOZIALISMUS

APPLICATION FORM- "INDIVIDUAL"

Please complete this application form as thoroughly as possible. Should you not know the answer to a question, please enter 'not known'.

Should you need more space to answer a question, please continue on a separate sheet of paper (please attach).

Particulars of the Claimant:

Last Name:	**First Name:**	
Maiden Name:	**Former Names or Different Spelling:**	
Current Address:		
Street, No.:		
City:	**Zip Code:**	**Country:**
District / State:	**Telephone No.:**	
Date of Birth:	**Place of Birth:**	**Country:**
Sex ☐ **Male**	☐ **Female**	
Current Nationality (and former Nationality if applicable):		

Have you or another person already previously asserted the present claims or already received payments?

☐ NO
☐ YES, under the following measures:

Compensation Measures since 1995:

☐ Compensation from the National Fund for Loss of Leases, Household Property and Personal Valuables in the amount of USD 7,000 (purple questionnaire);
☐ Payments by and measures of the German Foundation „Remembrance, Responsibility, and the Future";
☐ Compensation under the claims settlement procedure of the „International Commission on Holocaust Era Insurance Claims" (ICHEIC);
☐ Satisfaction of claims under the Bank-Austria settlement.

Earlier Compensation Measures:

☐ Compensation for assets on bank accounts, securities, cash, mortgage claims, and discriminatory taxes (1961 Compensation Fund Act);
☐ Compensation for household property or occupational utensils (1958 Law on Material Damage Resulting from War and Persecution);
☐ Compensation for claims under insurance policies (1955 Insurance Reconstruction Act, 1958 Insurance Indemnification Act);
☐ Compensation for injuries to health, occupational injuries, and detriments to education (1956, 1988 Assistance Fund Acts).

Other measures (other compensation and restitution measures, settlements, etc.):

☐
……..

Please attach the relevant documents and/or statements which indicate the amount and currency of compensation received, or if not possible, indicate the (estimated) amount of compensation received:

….....……

D e c l a r a t i o n:

I hereby declare that all the information given in this Application and in the individual Questionnaires is correct, to the best of my knowledge and belief, and I acknowledge that payments made by virtue of incorrect information can be reclaimed at any time.

I authorize the Secretary-General or a representative of the National Fund or of the General Settlement Fund to inspect, obtain, process, and retain all files and documents pertaining to my claims.

I authorize corporations under public law as well as public and private institutions, which maintain archives and documentory collections, to forward all files, documents and data concerning my person to the General Settlement Fund.

Place:	**Date:**	**Signature:**

GENERAL SETTLEMENT FUND
FOR VICTIMS OF NATIONAL SOCIALISM

ALLGEMEINER ENTSCHÄDIGUNGSFONDS FÜR OPFER DES NATIONALSOZIALISMUS

APPLICATION FORM

”Associations and other legal bodies”

Please complete this application form as thoroughly as possible. Should you not know the answer to a question, please enter 'not known'.

Should you need more space to answer a question, please continue on a separate sheet of paper (please attach).

Particulars of the claimant Association:

Name:	**Former Names or Different Spelling:**
Form of the Association (Society, Foundation, Fund, etc.):	**Purpose of the Association:**
Seat/Address of the Association:	
Date of Incorporation (founding):	
Please attach the statutes/by-laws of your association as well as – in case of succession – the statutes/by-laws of the injured association. Please also attach all other available documents (notice of dissolution, etc).	
Name, Address and Phone Number of Authorized Officer:	

Please note the following when filling out the questionnaires: Where information about the "Injured Owner" is asked for in the questionnaires, please provide information about the injured association or other legal bodies with particular emphasis on name, seat, date of incorporation and the reason for persecution.

Has this association or another person already previously asserted the present claims or already received payments?

☐ NO
☐ YES, under the following measures:

Compensation Measures since 1995:

☐ Compensation from the National Fund for Loss of Leases, Household Property and Personal Valuables in the amount of USD 7,000 (purple questionnaire);
☐ Payments by and measures of the German Foundation „Remembrance, Responsibility, and the Future";
☐ Compensation under the claims settlement procedure of the „International Commission on Holocaust Era Insurance Claims" (ICHEIC);
☐ Satisfaction of claims under the Bank-Austria settlement.

Earlier Compensation Measures:

☐ Compensation for assets on bank accounts, securities, cash, mortgage claims, and discriminatory taxes (1961 Compensation Fund Act);
☐ Compensation for household property or occupational utensils (1958 Law on Material Damage Resulting from War and Persecution);
☐ Compensation for claims under insurance policies (1955 Insurance Reconstruction Act, 1958 Insurance Indemnification Act).

Other measures (other compensation and restitution measures, settlements, etc.):

☐ ……

Please attach the relevant documents and/or statements which indicate the amount and currency of compensation received, or if this is not possible, indicate the (estimated) amount of compensation received:

…….....

D e c l a r a t i o n of Authorized Representative:

I hereby declare that all the information given in this Application and in the individual Questionnaires is correct, to the best of my knowledge and belief, and I acknowledge that payments made by virtue of incorrect information can be reclaimed at any time.

I authorize the Secretary-General or a representative of the National Fund or of the General Settlement Fund to inspect, obtain, process, and retain all files and documents pertaining to the Associations claims.

I authorize corporations under public law as well as public and private institutions, which maintain archives and documentory collections, to forward all files, documents and data concerning the Association to the General Settlement Fund.

Place:	**Date:**	**Signature:**

IN REM RESTITUTION IMMOVABLE PROPERTY/ BUILDING (SUPERSTRUCTURE)

Please complete this questionnaire as thoroughly as possible. Should you not know the answer to a question, please enter 'not known'.

Should you require more space than provided, please enclose a sheet of paper.

1. What information can you provide concerning the immovable property?
Please indicate the **address** where the immovable property was located (city, zip code, district, street, number):
Category: ☐ vacant property ☐ developed property ☐ building/superstructure („Superädifikat“)
Was the property under sole ownership or joint ownership (including proprietary interest: so-called “Stockwerkseigentum”)?
Which purpose did the property serve (e.g. one-family house, business premises, farming area, factory, garage, etc.)?
Please provide **detailed information** about the immovable property (surface area, number of floors, number of apartments, number of rooms, etc.)
Who was the owner of the immovable property on 17.1.2001?
Please name the cadastral municipality and plot number in the **land register**:
Under which **circumstances -** when, how, and by whom **-** was the immovable property taken?

2. *In rem* restitution
I assert my claim in the ***in rem* restitution process** and therefore declare as follows ☐ My claim has never before been finally decided by Austrian courts or administrative authorities, or consensually settled. ☐ My claim was finally decided by Austrian courts or administrative authorities, or consensually settled, but the decision/settlement then obtained constitutes an extreme injustice. (Please enclose relevant proof.) ☐ My claim was dismissed by Austrian courts or administrative bodies for lack of evidence. The evidence that was not available then has become available in the meantime. (Please enclose relevant proof.)

3. I enclose the following substantive evidence and supporting documents to this claim:	
☐ List of the "Jewish Property Declaration Office" (*Vermögensverkehrsstelle)*	Exhibit No. _____
☐ Documents (e.g. purchase agreement)	Exhibit No. _____
☐ Correspondence, photos, etc.	Exhibit No. _____
☐ Witness statements	Exhibit No. _____
☐ Documents relating to earlier compensations	Exhibit No. _____
☐ Other: _____	Exhibit No. _____

4. Information concerning the injured owner :	
First Name:	Last Name:
Citizenship:	Date of Birth:
Maiden Name:	Earlier Names:

Grounds on which the injured owner was persecuted:			
☐ Descent	☐ Religion	☐ Sexual Orientation	☐ Nationality
☐ Political Grounds	☐ Accused of so-called Asociality		☐ Physical or Mental Disability

Parents of the injured owner:	
Father (First Name, Last Name):	Date of Birth:
Mother (First Name, Last Name, Maiden Name):	Date of Birth:

Injured owner's last voluntary place of residence in Austria (1938-1945):
Address*:*

5. Are you the injured owner or an heir?
☐ I am the injured owner.

☐ I am an heir of the injured owner and enclose the following documents to prove my eligibility:

- ☐ Documents on civil status (of myself and my relatives respectively), e.g. birth certificates, marriage certificates, etc.
- ☐ Wills and contracts of inheritance concerning the entire succession (e.g. of parents <u>and</u> grand parents)
- ☐ Inheritance documents (transfer of estate by court order, certificate of inheritance, probates)
- ☐ Marriage contract
- ☐ Other:

.....

Please name all persons who were heirs between the original owner and you (uninterrupted succession) and indicate their relationship:

Original owner:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:

IN REM RESTITUTION FOR JEWISH COMMUNAL ORGANISATIONS: TANGIBLE MOVABLE PROPERTY

Please complete this questionnaire as thoroughly as possible. Should you not know the answer to a question, please enter 'not known'.

Should you require more space than provided, please enclose a sheet of paper.

1. What information can you provide about the tangible movable property?	
The **tangible movable property** was:	☐ cultural items ☐ religious items ☐ other items:
Which tangible movable property was taken? Please describe it:	
Who was the **owner** of the tangible movable property on **17.1.2001**?	
Under which **circumstances** - when, how, and by whom - was the tangible movable property taken?	

2. *In rem* restitution
The claimant communal organisation asserts its claim in the ***in rem* restitution process** and therefore declares as follows: ☐ My claim has never before been finally decided by Austrian courts or administrative authorities, or consensually settled. ☐ My claim was dismissed by Austrian courts or administrative bodies for lack of evidence. The evidence that was not available then has in the meantime become available. (Please enclose relevant proof.) ☐ My claim was finally decided by Austrian courts or administrative authorities, or consensually settled, but the decision/settlement then obtained constitutes an extreme injustice. (Please enclose relevant proof.)

3. The claimant communal organisation encloses the following substantive evidence and supporting documents to this claim:	
☐ Files of the Receiver for Associations and Organizations (*Stillhaltekommissar)*	Exhibit No. _____
☐ Documents (e.g. purchase agreement)	Exhibit No. _____
☐ Correspondence, photos, etc.	Exhibit No. _____
☐ Witness statements	Exhibit No. _____
☐ Documents relating to earlier compensations	Exhibit No. _____
☐ Inventory of the organisation	Exhibit No. _____
☐ Other: ……	Exhibit No. _____

4. Injured communal organisation:	
Name of the communal organisation:	
Purpose of the communal organisation:	Date of Incorporation (founding):
Seat/Address of the communal organisation:	
Form of the communal organisation (Society, Foundation, Fund, etc.):	

5. Are you the injured Jewish communal organisation or its legal successor?	
☐ The claimant communal organisation is the the injured owner.	
☐ The claimant communal organisation is the legal successor of the dissolved communal organisation and encloses the following documents to prove its eligibility: ☐ Statutes/by-laws of the dissolved communal organisation ☐ Administrative order providing for dissolution of the organisation („Auflösungsbescheid”) ☐ Other: ……	
Please indicate the seat and names of all communal organisations, which were legal successors between the original communal organisation and the claimant communal organisation:	
Original communal organisation:	
Legal successor of the communal organisation:	
Seat:	
Legal successor of the communal organisation:	
Seat:	
Claimant communal organisation:	

Other possible heirs:

(Please complete the application forms concerning individual categories of assets first!!)

Are you aware of any other possible heirs with respect to the asserted claims?

In the affirmative, please indicate underneath the category of assets and the other possible heirs regarding this claim.
Should you wish to make claims in more than one category of assets, please copy this page.
If you assert several claims within one category of assets, please indicate - besides the category of assets - further characteristics which enable us to classify the claim.

Please complete this form only with respect to those categories of assets, in which you are not the injured person.

Claim:	
Category:	Further characteristics:
Possible Heirs:	
Last Name:	First name:
Current Address: Street, No., City and Zip Code:	
District/State:	Telephone No.:
Last Name:	First name:
Current Address: Street, No., City and Zip Code:	
District/State:	Telephone No.:
Last Name:	First name:
Current Address: Street, No., City and Zip Code:	
District/State:	Telephone No.:
Last Name:	First name:
Current Address: Street, No., City and Zip Code:	
District/State:	Telephone No.:

Comments: