

Commission for the Restitution of Property and the Compensation of Victims of Anti-Semitic Spoliations

QUESTIONNAIRE

VICTIM OR HEIR OF A VICTIM OF ANTI-SEMITIC SPOLIATIONS

You are a victim of spoliations resulting from anti-Semitic persecution, or you are the heir of a victim. This form enables you to refer the matter to the CIVS, the Commission for the Restitution of Property and the Compensation of Victims of Anti-Semitic Spoliations, so that it can recommend the appropriate reparation, restitution or compensation measures, under the conditions set out in decree no. 2024-11 of 5 January 2024.

I. INFORMATION ON	THE APPLICANT
Surname:	
Birth name:	
First names:	
Date of birth:	
Place of birth:	
Postal address:	
Telephone number:	
•	
	\square a direct victim of spoliations
	\square an heir of direct victims
(constable of	In this case, indicate the relationship to the victims:
Minting on the sin h	
case of represent	eirs may be assisted or represented by any person of their choice. In the ration, please enclose a power of attorney (see page 8) and a copy of the dentity document, and specify the identity of the representative here.
•	esentative:
	f the representative:
Postal address of	the representative:
Telephone numb	er of the representative:
Email address of	the representative:

Questionnaire to be sent, completed and signed, by post to: or by email to: renseignement@civs.gouv.fr

CIVS, 20 AVENUE DE SEGUR, TSA 20718 75334 PARIS CEDEX 07, FRANCE

II. INFORMATION ON DIRECT VICTIMS

Add extra sheets if the space provided below is insufficient.

Last name:	• • • • • • • • •
Birth name:	
First names:	• • • • • • • • •
Date of birth:	
Place of birth:	• • • • • • • • • • • • • • • • • • • •
Date of death:	• • • • • • • • •
Place of death:	
Address(es) known at the time of the events:	• • • • • • • • • •
	• • • • • • • • • • • • • • • • • • • •
Last name:	
Birth name:	
First names:	
Date of birth:	
Place of birth:	• • • • • • • • • • • • • • • • • • • •
Date of death:	• • • • • • • • •
Place of death:	
Address(es) known at the time of the events:	
	• • • • • • • • • • • • • • • • • • • •
III. INFORMATION ON THE HEIRS OF VICTIMS	
Enter your name again if you are the heir of the victims, as well as the names of all the h	
even if they are deceased. If you are acting on behalf of the heirs, attach a power of atto	rney
designating you as their representative (see page 8).	
Last name:	• • • • • • • • •
Birth name:	•••••
First names:	
Date of birth:	
Place of birth:	
Date of death:	
Place of death:	
Postal address:	
Phone number:	• • • • • • • • • • • • • • • • • • • •
Email address:	
Relationship to the victims of spoliation:	

Last name:	
Birth name:	• • • • • • • • •
First names:	
Date of birth:	
Place of birth:	• • • • • • • • • • • • • • • • • • • •
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Relationship to the victims of spoliation:	• • • • • • • • • •
Last name:	
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Date of birth:	
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Phone number:	• • • • • • • • •
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Relationship to the victims of spoliation:	
Last name:	
Birth name:	• • • • • • • • • •
First names:	• • • • • • • • •
Date of birth:	
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Place of death:	• • • • • • • • • • • • • • • • • • • •
Postal address:	
Phone number:	• • • • • • • • •
Email address:	
Relationship to the victims of spoliation:	
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IV. INFORMATION ON SPOLIATION

To your knowledge, what were the circumstances of the spoliation? Recount the story of your family during the events and specify the spoliations suffered: arrest deportation, passage into the free zone, appointment of an administrator for businessed procedures, etc. Add additional pages if the space provided below is insufficient.	es,
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o your knowledge, what property was spoliated? In the case of real estate: specify whether or not it was a rented flat or house, the number	of
In the case of real estate : specify whether or not it was a rented flat or house, the number cooms, the number of people living there. In the case of a business : specify the nature of the pusiness property, whether it comprised a workshop or commercial assets (indicate the signature and legal form of the business). In the case of cultural property : describe it as precise is possible, giving the name of the artist, the title of the works, the type of work (painting engraving, sculpture, etc.) and the dimensions. If possible, indicate the value of the culture property at the time of the spoliation, and its current location if known. Describe all other property as precisely as possible: vehicle models, bank accounts, etc. Add additional pages the space provided below is insufficient.	he n, ely ral er if
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V. DOCUMENTS TO ENCLOSE

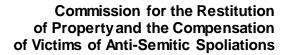
The power of attorney (see page 8), completed and signed by each heir wishing to join and be represented; please ensure that you enclose a copy of the representative's identity document.

Where possible, include:

- copies of the identity documents of the persons named in the questionnaire;
- copies of birth, marriage and death certificates, certificates of disappearance, family records of direct victims and heirs, notarial certificates, deeds of inheritance and any other document attesting to the family relationship;
- any document certifying compensation that has already been paid;
- any document proving possession or ownership of the spoliated property (photographs, insurance policies, etc.);
- any document you consider relevant.

Description of documents submitted:

VI. CERTIFICATION:	
I, the undersigned SURNAME, he	
foregoing statements and undertake, on behalf of myself and we will personally divide the property returned to us and the with the heirs who subsequently make themselves known rightful share.	he compensation awarded to us
I hereby authorise the Commission for the Restitution of Pro- Victims of Anti-Semitic Spoliations to seek all informatio particular, I authorize the Commission to make requests for in institutions based on personal files compiled during pas- originals of these files and to request copies.	on relating to the spoliation. In information from the competent
I have read the following information on the processing of collected via the forms is processed electronically in order mission of the Commission for the Restitution of Property and of Anti-Semitic Spoliations (CIVS), TSA 20718, 20 avenue de S information is collected and processed in accordance with October 2000 and the regulations in force. The information management of your request. It may be communicated to process the request and afterwards in accordance management of CIVS archives dated 24 January 2024 under and the Interministerial Service of the Archives of France. In a applicable to the protection of personal data, you may exert personal data, request its rectification or deletion or object to contacting: CIVS, correspondant au délégué à la protection Paris Cedex 07, renseignement@civs.gouv.fr or Services du Fidelégué à la protection des données (DPD), 56 rue de Varenne Signed in, on	to carry out the public-interest d the Compensation of Victims ségur, 75334 Paris Cedex 07. This th decree no. 2000-1023 of 19 on provided is essential for the partners of the CIVS in order to e retained for the entire period nce with the instructions for the rathe joint approval of the CIVS accordance with the regulations cise your right of access to your o the processing of your data by des données, TSA 20718, 75334 Premier ministre à l'attention du le, 75700 Paris, dpd@pm.gouv.fr.
	Signature



Signature



MANDATE
I, the undersigned, NAME and FIRST NAME,
born onin
residing at
gives power of attorney to, SURNAME and FIRST NAME,
to represent me before the Commission for the Restitution of Property and the Compensation of Victims of Anti-Semitic Spoliations (CIVS).
Signad in
Signed in, on