



**PREMIER  
MINISTRE**

*Liberté  
Égalité  
Fraternité*

**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 SPOILIATIONS

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.

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#### I. INFORMATION ON THE APPLICANT

Surname: .....

Birth name: .....

First names: .....

Date of birth: .....

Place of birth: .....

Postal address: .....

.....

Telephone number: .....

Email address: .....

The applicant is:  a direct victim of spoliations

(tick as appropriate)  an heir of direct victims

In this case, indicate the relationship to the victims:

.....

*Victims or their heirs may be assisted or represented by any person of their choice. In the case of representation, please enclose a power of attorney (see page 8) and a copy of the representative's identity document, and specify the identity of the representative here.*

*Full name of representative: .....*

*Position/duties of the representative: .....*

*Postal address of the representative: .....*

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*Telephone number 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](mailto:renseignement@civs.gouv.fr)

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

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## 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: .....  
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## 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 heirs, even if they are deceased. If you are acting on behalf of the heirs, attach a power of attorney 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: .....  
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: .....  
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: .....  
Date of death: .....  
Place of death: .....  
Postal address: .....  
.....  
Phone number: .....  
Email address: .....  
Relationship to the victims of spoliation: .....







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**VI. CERTIFICATION:**

**I, the undersigned SURNAME .....,  
FIRST NAME ....., hereby certify the accuracy of the  
foregoing statements and undertake, on behalf of myself and the claimants I represent, that  
we will personally divide the property returned to us and the compensation awarded to us  
with the heirs who subsequently make themselves known and to whom we will pay their  
rightful share.**

**I hereby authorise the Commission for the Restitution of Property and the Compensation of  
Victims of Anti-Semitic Spoliations to seek all information relating to the spoliation. In  
particular, I authorize the Commission to make requests for information from the competent  
institutions based on personal files compiled during past proceedings, to consult the  
originals of these files and to request copies.**

**I have read the following information on the processing of personal data:** The information collected via the forms is processed electronically in order to carry out the public-interest mission of the Commission for the Restitution of Property and the Compensation of Victims of Anti-Semitic Spoliations (CIVS), TSA 20718, 20 avenue de Ségur, 75334 Paris Cedex 07. This information is collected and processed in accordance with decree no. 2000-1023 of 19 October 2000 and the regulations in force. The information provided is essential for the management of your request. It may be communicated to partners of the CIVS in order to fulfil all or part of the above-mentioned purpose. It will be retained for the entire period required to process the request and afterwards in accordance with the instructions for the management of CIVS archives dated 24 January 2024 under the joint approval of the CIVS and the Interministerial Service of the Archives of France. In accordance with the regulations applicable to the protection of personal data, you may exercise your right of access to your personal data, request its rectification or deletion or object to the processing of your data by contacting: CIVS, correspondant au délégué à la protection des données, TSA 20718, 75334 Paris Cedex 07, [renseignement@civs.gouv.fr](mailto:renseignement@civs.gouv.fr) or Services du Premier ministre à l'attention du délégué à la protection des données (DPD), 56 rue de Varenne, 75700 Paris, [dpd@pm.gouv.fr](mailto:dpd@pm.gouv.fr).

Signed in ....., on .....

Signature



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**MANDATE**

I, the undersigned, NAME and FIRST NAME, .....

born on ..... in .....

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).

Signed in ....., on .....

Signature