

WORLD ORGANIZATION OF JEWS FROM ARAB COUNTRIES USA

Guidelines to filling out the claims form of Jews from Arab Countries

1. Please fill out this form, providing the greatest amount of information and details possible. **Please note that the absence of documents or of precise details will in no way prevent the proper registration of this present declaration.**
2. Please use a pen and write legibly.
3. Please write the claimant's name as it appears on the identity card, when relevant.
4. Please write the complete 9 digits of the identification number, when relevant.
5. If you already filed a previous claim, please specify:
 - i) The organization with which the claim was registered
 - ii) The claim registration number you were given
 - iii) The name under which you submitted the previous claim
6. In the case of inheritance, please write the name of the deceased or the testator in the place provided as well as information regarding the heirs. Attach a copy of the succession act or of the will.
7. Please indicate the value of the assets confiscated in the currency of the country of origin, if known. If unknown, describe the asset as detailed as possible.
8. Please sign the form on page 6.
9. If there are documents, reports, etc. you would like to attach please send photocopies and **not originals**.
10. Please attach letters, affidavits, etc. that describe the circumstances and events that led you and your family to flee your country of origin.

After completing the form, please mail it to:

W.O.J.A.C

Office of the President, Prof, Heskell M.Haddad

1125 Park Avenue

New York, NY 1028

OPTOEDCORP@AOL.COM Tel: (212) 427-1246, Fax: (212) 360-7009, e-mail:

Please fill out this form as accurately and clearly as possible. You are advised to read this document fully before filling it out. Please ignore any paragraph that is not relevant to your case. Add or attach any information or document that can assist and substantiate your claim.

I. Identity of the claimant:

Last name(s) _____ Given name(s) _____
Address (street and number) _____ City _____
State _____ Zip code _____ Country _____

II. Claimant information:

Are you the “Head of Family” that once lived in an Arab Country and was compelled to leave/abandon property in that country (hereinafter "Head of Family")?

___ Yes, I am the Head of Family and the information of this form pertains to me.
___ No, I am filling out this form in the name of the Head of Family.

If you answered “no” to the above, what is your relationship (family or other) to the Head of Family? _____

Was a Reparations Claim submitted in the past in the name of the Head of Family?
_____ Yes _____ No _____ I do not know

a. If a reparations claim was submitted in the past, please specify the following information:

Name of the claimant _____
Name of organization claim was submitted to _____
Date of claim _____
Number of claim _____

III. Head of Family Information:

Last name _____ given name(s) _____

A. If the Head of Family is alive, please provide the following information:

Current address: Street and number _____
City _____ State _____ Zip or postal code _____
Country _____
Phone number: Home _____ office _____ mobile _____
Fax _____ E-Mail _____
Date of birth _____ Current nationality _____

B. If the Head of Family is deceased, please provide the following information:

Date of death _____ Place of death _____

IV. Head of Family information in country of origin:

Country of origin _____
Name in Country of origin _____
Last name _____ given name(s) _____
Names of father and mother, including mother's maiden name _____

A. Address in country of origin:

Street and number _____ City _____
Country _____
Number of family members living at this address _____
Date of departure _____ Nationality upon departure _____
Country immigrated to _____

B. Please provide the following details concerning family members alive at time of exit:

Last Name	First Name	Date of Birth	Relation to Head of Family	Current Nationality	Exit Date	Country Immigrated To	Was he/she living with Head of Family?

(Feel free to attach additional pages if necessary)

V. Heirs through inheritance or will:

Information concerning inheritance or will _____
Registration number _____ Date and place _____

A. Current contact information for trustee of Head of Family's will/estate in case of death (when relevant):

Last name _____ Given names _____
Address _____
City _____ State _____ Zip or postal code _____
Country _____
Phone number: Home _____ office _____ mobile _____
Fax _____ E-Mail _____

B. Information on the heirs:

	Last Name	First Name	Father's name	Relation to Head of Family	Date of Birth	Current address and telephone number	Share in inheritance
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

VI. Description of Losses in Country of Origin (please give value in currency of country of origin when known):

A. Real Estate claims:

Description (Agricultural land, building, number of stories, rooms, etc.):

Address _____ Deed # _____
Whole ownership or partial ownership (give %) _____ Value _____
Lease/rent situation (provide details) _____
Forced to sell or confiscated _____ if sold, amount received _____

B. Business claims:

Type of business _____
Address _____
Value of business: Building _____ machinery _____
Raw material/warehouse _____ Goods/finished products _____
Accts. receivable _____ Trade Name Value _____
Debt on business _____
Other partners in business/factory _____ Your share (%) _____
Forced to sell or confiscated _____ If sold, amount received _____

C. Personal claims:

- 1) Mortgage _____ Asset description _____ Value _____
- 2) Loan: Name of borrower _____ Amount _____
- 3) Lost property: (List jewelry, furniture, utensils, carpets, art, other) _____ Value _____
- 4) Bank account: Name of bank _____ Branch _____
Account number _____
- 5) Life Insurance Policy _____ Value _____
- 6) Unpaid wages: Employer's name and address _____
Unpaid wages for Months/Yrs _____ Total amount _____
- 7) Retirement: Retirement Fund Company _____
Name and address of debtor _____
Worked from _____ to _____ Monthly wage _____ Last pension paid _____
Relation of claimant to pension holder (if deceased) _____

D. Damages as a result of termination of studies:

Institute where studies were ended _____ stage at which they were ended _____ was any damage caused to you as a result? Yes _____ no _____ please give detail _____

E. Imprisonment claims:

Date of arrest _____ during day/night? _____

Where were you arrested? _____

Alleged reason for arrest _____

Name of prison or detention center _____

Dates of detention or arrests _____

Have you been tried? _____ if so, were you present at the trial? _____

If so, in which court? _____

Before whom? _____ Date of judgment _____

Total fine/punishment _____ Payment to lawyers _____

VII. Disabilities as a result of torture or hostile attitude:

Please indicate if you suffered from disabilities as a result of torture or a hostile attitude _____

If yes, were you ever compensated by the Israeli Government? _____
Please provide details _____

