

REGISTRATION FORM

Registration form for Jews from Arab Countries

Guidelines to filling out this registration form

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 registrant'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 registration form/card, please specify:
 - i) The organization with which the registration occurred
 - ii) The registration number you were given
 - iii) The name under which you submitted the previous registration
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.

Please sign the form on page 6.

8. If there are documents, reports, etc. you would like to attach please send photocopies and **not originals**.
9. Please attach letters, affidavits, etc. that describe the circumstances and events that led you and your family to flee your country of origin.

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 statements.

**This form has been distributed by the
American Sephardi Federation**

For additional information, please call 212-294-8350,
after completing the form, please mail it to:

Justice for Jews from Arab Countries
IRRC, c/o ASF - 6th floor
15 West 16th Street
New York, NY 10011 USA

| I. Identity of the registrant | | |
|-------------------------------|--------------------|-------------|
| LAST NAME: | | FIRST NAME: |
| Address (street and number): | | |
| City: | Postal (Zip) Code: | Country: |

| II. Registrant 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")? <input type="checkbox"/> Yes , I am the Head of Family and the information of this form pertains to me. <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: | | FIRST NAME: | |
| a. If the Head of Family is alive, please provide the following information: | | | |
| Address (street and number): | | | |
| City: | Postal (Zip) Code: | Country: | |
| Phone (Home): | Phone (Work): | Fax: | |
| 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 | | |
|---|-----------|------------|
| What was the country of your origin? | | |
| Your name in that country? | LAST NAME | FIRST NAME |
| Names of father and mother, including mother's maiden name: | | |
| | | |

| a. Address in country of origin | | |
|--|--------------------|----------|
| Complete Street Address: | | |
| City: | Postal (Zip) Code: | Country: |
| Number of family members living at this address: | Date of departure: | |
| Nationality upon departure: | | |
| Country emigrated 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 Emigrated to | Was he/she Living with the Head of Family? |
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* (Feel free to attach additional pages if necessary)

| V. Heirs through inheritance or will: | |
|---------------------------------------|-----------------|
| 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: | FIRST NAME: | |
| Address (street and number): | | |
| City: | Postal (Zip) Code: | Country: |
| Phone (Home): | Phone (Work): | Fax and/or Email: |
| Date of Birth: | Current Nationality: | |
| b. If the Head of Family is deceased, please provide the following information: | | |
| Date of Death: | Place of Death: | |

| 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.):

Street Address

Deed # (if known)

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:

Comments:

| C. Personal claims | | | |
|---------------------------|--|-------------------|-------------------|
| 1 | Mortgage | Asset description | Value |
| 2 | Loan: <i>Name of borrower</i> | | Amount |
| 3 | Lost property: (List jewelry, furniture, utensils, carpets, art, other items – LIST VALUE NEXT TO EACH ITEM) | | |
| 4 | Bank account: Name of bank | Branch | Account number |
| 5 | Life Insurance Policy | | Value |
| 6a | Unpaid wages: Employer's name and address | | |
| 6b | Unpaid wages for Months/Yrs | | Total amount |
| 7 | Retirement Fund Company | | |
| 8 | Name and address of debtor | | |
| 9 | Worked from ____ to ____ | Monthly wage | Last pension paid |
| 10 | Relation of claimant to pension holder (if deceased) | | |

| D. Damages as a result of termination of education/studies: |
|--|
| Institute where studies were ended: |
| Stage at which they were ended: |
| Was any damage caused to you as a result? Yes _____ no _____ If yes, please provide details: |

| 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 yes, were you present at the trial? | |
| If so, in which court: | |
| Before whom: | Date of judgment: |
| Total fine/punishment: | Payment to lawyers: |
| Additional Notes: | |

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:

VIII. Claimant's property for communal or public use:

Were you the owner of real property that was used by the Jewish Community (such as a synagogue, an apartment, a *mikvah*)?

No _____ Yes _____ If yes, please provide details:

Were you the owner of moveable property which was used by the Jewish community (such as Torah scrolls, Judaic items, books?)

No _____ Yes _____ If yes, please provide details:

IX. Other claims not detailed above:

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