

Request for Restitution of an Asset Located in Israel Belonging to a Holocaust Victim

(Special location procedure)

Before filling out the form, please read the attached guidelines carefully.
Please note: It is not mandatory to fill in all the sections of the form.

A. Preliminary Information

1. Does the requested asset appear on the list of Holocaust victims' assets published by the Company?

Yes. The number of the asset in the Company's publication is _____; The name of the holder of rights to the asset _____.

No.

1.1 If you indicated **NO** – Is the requested asset located in Israel?

Yes. No.

Note: If you indicated **NO** in Section 1.1 above, do not continue filling out the form!

2. Have you previously applied, or do you know of an application by another heir, to any institution, regarding the restitution of the asset?

No. Yes.

B. Details of the Applicant

3. Personal Details:

Given Names _____; Last Name _____;

Previous Last Name _____; Maiden name (for a woman) _____;

ID number _____;

Type of identifying document: ___ Identity card (for Israeli citizens); Passport; Driver's license; Other _____;

Gender: M F;

Date of birth _____; Place of birth _____;

Father's name _____; Mother's name _____;

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4. Contact Details:

Address:

Country _____; State _____;

Region _____; City/ Town _____;

Street _____; House number _____; Zip code _____;

Telephone: _____; Mobile phone: _____; Fax: _____; E-mail: _____.

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C. Details Regarding the Holocaust Victim / Holder of Rights to the Asset

In this section, please fill in additional information known to you about the holder of rights to the requested asset:

5. To the best of your knowledge, was the last holder of rights to the asset a Holocaust victim?

Yes. No.

6. Please fill in the details known to you about the Holocaust victim / holder of rights to the asset (if the rights to the asset were purchased by a legal entity, such as a company, partnership, trusteeship, etc., please indicate the holder of rights in said entity, when filling in the details in this section):

Title _____; Given names _____;

Last Name _____; Previous Last Name _____;

Maiden name (for a woman) _____;

Nicknames or additional names (including Hebrew names) _____;

Gender: M F; Last known marital status: S M D W;

Last permanent residential address:

Country _____; State _____;

Region _____; City/ Town _____;

Street _____; House number _____; Zip code _____;

Occupation _____;

Gregorian date of birth _____; Hebrew date of birth _____;

Place of birth _____;

Presumed date of death _____; Presumed place of death _____.

7. What information do you have that establishes the right of the Holocaust victim to the requested asset?

I hold documents attesting to the right.

I have seen documents or witnessed an event indicative of the right.

I hold other supporting evidence attesting to the right.

I was told of the above mentioned right.

The application is submitted based on general information or reasonable assumption regarding the existence of the right.

8. To the best of your knowledge, did the Holocaust victim have any partners in the asset?

Yes. No.

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D. Right of the Applicant to the Asset

In this section you are required to provide information that establishes your right to receive the asset, or part of it:

9. Are you related to the holder of rights to the asset?

- Yes. I am the spouse/son/daughter/grandson/granddaughter/great-grandson/great-granddaughter/brother/sister/nephew/niece/other relative of the holder of rights to the asset.
- No.

10. Documents or evidence in my possession that support my right to receive the asset (you may indicate more than one option):

- Official certificates (such as Death/Birth/Marriage Certificate, etc.).
- Intestate Succession
- Probate
- Will
- Other documents or evidence. Specify: _____

11. To the best of your knowledge, are there any other persons entitled to the asset, or any other heirs (including relatives of the holder of rights to the asset, or beneficiaries of a will)?

- No. Yes.

E. Information on the Requested Asset

12. Type of asset requested:

- Vacant land (lot) Building / Apartment Money Securities Works of Art
- Contents of safebox Other. Specify: _____.

13. The asset was purchased/deposited:

- Directly by the holder of rights / Holocaust victim.
- By a representative (person or organization dealing with this matter at that time).

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14. Do you know any specific details regarding the location/identification of the asset?

No. Yes. Specify: _____

15. Do you know the year of purchase/deposit of the asset?

No. Yes. Specify: _____

16. Do you know the sum the asset was purchased for, or the sum deposited in the account?

No. Yes. Specify: _____

17. Do you know which organization/person the asset was purchased from in the Land of Israel (Palestine)?

No. Yes. Specify: _____

18. If necessary, please specify additional relevant and significant information that you think may assist in the handling of the application:

Please read the application carefully and make sure all the details in it are accurate and complete.

Finally, please check [✓] the following box and sign below:

I confirm that all the facts and information given in this application are complete and accurate, to the best of my knowledge and understanding. I am aware that should it be necessary, I will be required to verify this application by an affidavit, and disclose any additional information I hold or will hold in the future.

Applicant's signature