



Backpay claim form

1 Your personal details

surname

maiden name

forename(s)

date of birth

male

female

place of birth

address

postcode and town/city

telephone number

I, the undersigned,

- hereby apply for the one-off payment under the Backpay scheme;
- I have read and understood the leaflet entitled 'Backpay Scheme' and believe that I meet the conditions for the Backpay;
- I declare that I have not been convicted for collaboration with the Japanese and did not have Japanese nationality during the occupation. (NB: if you are claiming the Backpay as an heir, this statement must be made for the person in whose name the Backpay is claimed.)
- I give my permission for organizations and persons to provide any details necessary for the assessment of the claim to the Leiden Office of the Sociale Verzekeringsbank.

- (if correspondence is to be sent to a contact)

I request that all correspondence should be sent to the contact whose name and address are stated in section 4 on the back of this form.

date

signature



2 I am submitting this claim:

on behalf of myself *Proceed to 3*

as the heir of the person named below, who passed away on or after 15 August 2015

surname of the deceased

initial(s)

date of birth

male

female

date of death

3 Profession of person concerned before the Japanese occupation (i.e. before 8 March 1942)

Working as a soldier or for a military organization:

KNIL (conscript or regular soldier)

Dutch East Indies Navy (Gouvernementsmarine, GM)

Other, namely

Working as a civil servant for the Dutch East Indies government

Employed by

as (job title)

Other, namely

4 Details of my contact (if applicable)

surname

address

postcode and town/city

telephone number

email address

NB: If you are enclosing copies of documents, please state the number of documents enclosed.