

# Kindertransport Fund

## Eligibility Criteria

The Kindertransport Fund opened January 1, 2019. Although some survivors were provided a small payment in the 1950s, prior payments under compensation programs will not bar claimants from receiving this new benefit.

The fund will issue one-time payments of 2,500 Euros.

This fund is open to Jewish Nazi Victims who met the following criteria at the time of transport:

- they were under 21 years of age, unaccompanied by their parents and took part in a transport that was not organized by the German government in order to escape potentially threatening persecution by German forces;
- they were transported from somewhere within the German Reich or from territories that had been annexed or occupied at the time;
- the transport took place between November 9, 1938 and September 1, 1939 or was approved by the German authorities after November 9, 1938 but before September 1, 1939.

Only the participants of the Kindertransport themselves may apply for compensation. Their descendants or spouses are not eligible to file an application.



## Kindertransport Fund

This form is intended solely for Jewish Nazi victims who were on a Kindertransport.

Please fill out this application form in English or German using CAPITAL LETTERS. Make sure to complete all fields. If you do not have the required information, please mark the field "unknown". If the question does not apply to you, please mark that field as not applicable ("N/A"). This will assist us in processing your application efficiently. Thank you.

### Contact Information

What is your current name?

Family Name:	First Name:	Middle Name:
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Have you ever used another name? If yes, please include all previous names (including maiden name):

Family Name:	First Name:	Middle Name:
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Gender  Male  Female

Where do you live?

Street Address, Apt:	City/Town:	
Region/State/Province:	Country:	Postal Code:
Telephone:	Email:	

What is your preferred language of correspondence?

English  Hebrew  German

In case we cannot contact you, is there someone who you would like to authorize to speak with us about your claim? If so, please provide this person's contact information below.

Family Name:	First Name:	Relationship to you:
Street Address, Apt:	City/Town:	
Region/State/Province:	Country:	Postal Code:
Telephone:	Email:	

## Personal History

Where were you born?

City/Town of Birth:	Region of Birth:	Country of Birth:
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What is your official date of birth?

Day:	Month:	Year:
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Have you ever used another date of birth? If yes, please indicate the alternate date.

Day:	Month:	Year:
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## Experience During the War

How were you persecuted as a Jew by the Nazis and/or by their allies? Please check all that apply:

- I was in a camp or similar place of incarceration.
- I was in a ghetto.
- I lived in hiding without access to the outside world.
- I lived in illegality/under a false identity.
- I was sent on a Kindertransport when I was under 21 years old.

Which country were you living in prior to 9 November 1938 (Kristallnacht)?

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Which countries did you live in after that date? Write the country and year.

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What month and year did your Kindertransport leave?

Month:	Year:
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From where did your Kindertransport leave continental Europe? Insert city and country.

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Did your mother or father accompany you on the Kindertransport?  Yes  No

Did any siblings accompany you?  Yes  No - If Yes, please insert their current first and last name(s).

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## Parents Information

What is your mother's name?

Family Name:	First Name:
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What is your mother's date of birth?

Day:	Month:	Year:
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What is your mother's date of death?

Day:	Month:	Year:
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What is your mother's place of death?

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What is your father's name?

Family Name:	First Name:
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What is your father's date of birth?

Day:	Month:	Year:
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What is your father's date of death?

Day:	Month:	Year:
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What is your father's place of death?

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## Previous Compensation

If you receive a monthly German government BEG pension, what is your BEG monthly pension number?  
This number can be found on your monthly paystub or other documents referring to your BEG pension.

What authority issues your BEG monthly pension?

From where do you receive your BEG monthly pension? (Example: Berlin, Hamburg, Saarburg, etc.)

If you have ever applied to other compensation programs for your persecution, please list these programs and whether you were awarded compensation (for example, the Claims Conference funds, the German BEG Wiedergutmachung or Länderhärtefonds, payments from the Israeli Ministry of Finance, the Austrian Opferfürsorge, or the French Orphan Pension).

*If you receive(d) compensation for your persecution, please include any documentation you have referring to this payment.*

Fund or Program:	Country:	Claim Number:	One-time payment or pension:	Was payment awarded?
			<input type="checkbox"/> One-time <input type="checkbox"/> Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> One-time <input type="checkbox"/> Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> One-time <input type="checkbox"/> Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> One-time <input type="checkbox"/> Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Banking Information

In case of a positive decision, having your bank account information on file will expedite payment. We can only wire payment to bank accounts in your name.

Name of Bank	
Address of Bank	
IBAN number (EU residents) or Account Number (all other countries)	
ABA Routing Code (USA Residents)/ Sortcode (UK Residents)/ SWIFT Code (all other countries)	
For Israeli residents <b>only</b> : Bank Branch Number	
For Canadian residents <b>only</b> : Transit and Institutional number	
For Australian residents <b>only</b> : Bank State Branch ("BSB")	

## Required Documentation

### Proof of Identity

To complete your application, please provide us with a copy of a valid government-issued ID. This ID must have your photo and a signature.

What type of ID are you submitting?

Passport     National Identity Card     Driver license     Other (please specify): \_\_\_\_\_

What is the ID number associated with this ID?

What is the country of issue?

When was it issued?

Day:	Month:	Year:
<input type="text"/>	<input type="text"/>	<input type="text"/>

When does it expire?

Day:	Month:	Year:
<input type="text"/>	<input type="text"/>	<input type="text"/>

### For current residents of the United States only:

You must also provide a copy of your Social Security card. What is your Social Security Number?

### For current or former residents of Israel only:

What is your Israel ID number?

### Has your name changed?

If your name now is not the same as your name at birth, you **MUST** submit a copy of documents linking your name at birth to your current name, such as a marriage certificate or other name change document.

### Authorized Representatives/Guardians

If an applicant is unable to sign this application form, an authorized representative may sign on his/her behalf. In addition to the required documents listed above, please submit **ALL** of the following documents:

- Photocopy of a Power of Attorney or other document granting legal guardianship
- Photocopy of the authorized representative's government issued ID
- A completed Doctor's Form which can be downloaded from our website, [www.claimscon.org](http://www.claimscon.org)

### Certification instructions

The following entities may certify your documents. Please visit our website ([www.claimscon.org](http://www.claimscon.org)) for additional list of entities that may certify your documents.

- Notary public
- German consulate
- Bank
- Governmental office of the State of Israel
- Jewish social service agency possessing a seal
- Amcha office (in Israel)
- City/town hall (in Europe)

In order to be properly certified, each document must have **ALL** of the following:

- The stamp of the certifying authority;
- The full name (in print letters) of the person certifying the document;
- The title or position of the person certifying the document;
- The signature of the person certifying the document; and
- The date of certification.

## Declaration, Consent, Signature and Certification

- I declare that all above and attached statements are true.
- I am aware that knowingly making untrue statements will result in a rejection. Positive decisions made on false information will be overturned and I will return the full amount paid to me by the Claims Conference.
- Should I be entitled to only one payment of euro 2,500 and receive, by mistake, more than this amount, I agree that I am required to return the balance to the Claims Conference.
- In the event that I am obligated, pursuant to this declaration or otherwise, to return payment to the Claims Conference, I hereby agree that I shall also be liable to reimburse the Claims Conference for any costs and expenses incurred by the Claims Conference in obtaining the return of such payments.
- I understand and hereby agree that the eligibility criteria are solely based on German law. I hereby unconditionally agree that Frankfurt am Main, Germany is the court of exclusive jurisdiction. I also agree that any dispute shall be decided according to the laws of the Federal Republic of Germany.
- I am aware that I have no legal entitlement to receive assistance. Without derogating from the above, I irrevocably waive—insofar as this is legally admissible—any claim that I have or may later assert against the Conference on Jewish Material Claims against Germany relating to or connected with this application or the processing thereof.
- I hereby authorize the Claims Conference to request and review any documents from the German Federal Indemnification Authorities concerning my siblings and parents who may be deceased.
- I agree that the Claims Conference may request additional information and documents to process my application.
- I agree that the Claims Conference may determine the compensation programs that are appropriate to my application on my behalf.

### CONSENT

I authorize the authorities, courts, archives and institutions in Germany and abroad to grant the Claims Conference access to my compensation files, including those based on the Bundesentschädigungsgesetz, the laws and provisions of Wiedergutmachung of the German State Governments, or German Federal or State hardship funds for victims of national socialist persecution, to provide information necessary for the examination and execution of my application.

I am aware that these documents and the information may also include the following special categories of personal information: name, address, age date of birth, gender, education, profession, personal data revealing racial or ethnic origin, political or ideological opinions, religious beliefs or union membership and data concerning health.

I understand that information concerning me collected in this form, and the other individuals referred to on this form, including my family, guardian, or doctor (“Third Parties”) will be processed in accordance with Claims Conference privacy notice which can be found at <http://www.claimscon.org/about/privacy-policy>. I confirm that I have made these Third Parties aware of this notice and have their permission for the Claims Conference, and any third parties set out in the notice, to process their personal information in this application form.

The processing of these data serves the purpose of processing my request for benefits under one or more of the Claims Conference compensation funds, which includes the Article 2 Fund, the Central Eastern European Fund, the Child Survivor Fund, the Kindertransport Fund, and the Hardship Fund.

I understand that personal data processed in connection with this application may be transferred to Claims Conference offices, including but not limited to offices in the U.S., Germany and Israel. I also agree that my personal data may be made available to the German Ministry of Finance and the German Federal Audit Office solely for review and audit purposes, in the framework of the data protection provisions of the Federal Republic of Germany.

Information relating to my ethnic and racial origins, political or ideological opinions, religious beliefs, union membership, and health is considered to be special category data under European data protection law (“Sensitive Personal Data”). We require your express consent under European data protection law to process Sensitive Personal Data.

By signing below, I hereby expressly accept that in order to determine my eligibility for the compensation program and receive payment:

- My Sensitive Personal Data shall be processed by the Claims Conference to determine my eligibility for benefits from the Claims Conference restitution programs specified above.
- My Sensitive Personal Data shall be shared with the German Ministry of Finance/Federal Audit Office.
- As needed, my personal data and Sensitive Personal Data collected in this form shall be transferred outside of the European Economic Area.

In addition, I agree that the Claims Conference may use the personal information contained herein in order to provide me with additional information regarding compensation programs or social welfare benefits that are available to Nazi victims.

The Claims Conference recognizes my rights in relation to my personal information as set forth in the Claims Conference privacy notice at <http://www.claimscon.org/about/privacy-policy>.

I understand I have the right to withdraw my consent at any time. To withdraw my consent, to exercise my rights under the privacy notice or to make any complaints I understand I should contact The Claims Conference at [privacy@claimscon.org](mailto:privacy@claimscon.org) or PO Box 1215, New York, New York 10113. The revocation of consent shall not affect the lawfulness of the processing which has been carried out on the basis of the consent until its revocation. If I withdraw my consent, I understand that the Claims Conference may not be able to process my application or comply with its obligations required to make any payment.

**THIS FORM MUST BE SIGNED AT THE SAME TIME IT IS CERTIFIED**

In front of a German consulate, bank, notary, a Jewish social service agency possessing a seal, City/town hall (in Europe), or a governmental office of the State of Israel

Applicant's Signature:	Date: (Day/Month/Year)	City/Town and Country:
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If an applicant is unable to sign this application form, an **authorized representative** may sign on his/her behalf.

Authorized Representative's Signature:	Date: (Day/Month/Year)	City/Town and Country:
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**I certify that the applicant or authorized representative signed the application in my presence and that his/her identity is confirmed by:**

- Passport  
 Other Identity Document (please list):

**Please note:** a copy of the ID used to verify the identity must be included with this application.

Certifier's Name:	
Title:	Organization:
Date (Day/Month/Year):	Certifier's Signature and Stamp:

**APPLICATIONS THAT HAVE NOT BEEN SIGNED AND PROPERLY CERTIFIED WILL NOT BE PROCESSED.**

## DID YOU REMEMBER TO...

- Complete all sections of the application?
- Sign, date, and certify the application in front of a German consulate, bank, notary, a Jewish social service agency possessing a seal, or a governmental office of the State of Israel?
- Attach a government issued photo ID that matches the document listed in the Proof of Identity section and Certification section?
- Attach photocopies of all other required documents?
  - Birth certificate
  - Documents linking your name at birth to your current name if you have listed that your name has changed, such as a marriage certificate or other name change document
  - Documents that can show your Jewish ancestry
  - Any additional documents that you have that may help substantiate your participation in the Kindertransport
  - Receipt of previous compensation payment, if applicable
  - Social Security Card if you are a resident of the United States of America
  - Authorized Representative documents if you are filling out this application on an applicant's behalf
- Copy the complete application form and all attachments for your records?

## Submitting your Application

The ORIGINAL, completed, signed and certified/notarized application form, along with attachments, should be submitted to one of the following addresses:

**For permanent residents of Germany:**

CLAIMS CONFERENCE  
GRAEFSTRASSE 97  
60487 FRANKFURT AM MAIN

**For permanent residents of Israel:**

CLAIMS CONFERENCE  
P.O. BOX 20064  
6120001 TEL AVIV

**For permanent residents of the rest of the world:**

CLAIMS CONFERENCE  
P.O. BOX 1215  
NEW YORK, NY 10113  
UNITED STATES OF AMERICA