



Address Change Form

What is your name? _____

What is your Claims Conference registration number? _____

Please write your **old address** below:

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

Please write your **new address** below:

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

Email: _____ Telephone: _____

I, _____, hereby authorize and direct the Claims Conference to send all correspondence to the new address above.

Signature

_____’s Signature	Day	Month	Year
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Please mail this form along with a photocopy of a current government ID.

If this form is signed by an authorized representative, please also attach a Power of Attorney form and Doctor’s form.

See the mailing addresses below:

<i>For Israel and Eastern Europe:</i>	<i>For Western Europe and North Africa:</i>	<i>For all other countries:</i>
Claims Conference P.O.B. 20064 6120001 Tel Aviv Israel	Claims Conference Postfach 90 05 43 60445 Frankfurt am Main Germany	Claims Conference P.O. Box 1215 New York, NY 10113 USA