

RANA PLAZA CLAIMS ADMINISTRATION

Claim Form for Personal Injury, Death, or Disappearance as a Result of Rana Plaza 24 April 2013 Collapse

INSTRUCTIONS FOR CLAIMANTS:

- (1) The Rana Plaza Claims Administration is an exclusive scheme set up and authorized by the multi-stakeholder Rana Plaza Coordination Committee. The purpose of the scheme is to provide fair and quick compensation to the victims of Rana Plaza collapse and their families in a transparent manner.
- (2) This form is therefore applicable only to those who suffered personal injury (i.e., any injury not fully recovered at the time of submitting the claim), or whose spouse, child, parents or other close relative died or disappeared, as a result of Rana Plaza collapse on 24th April 2013 in Savar- Bangladesh.
- (3) You will receive assistance to submit your claim on this form. Your claim will be reviewed in order to determine the amounts to be allocated to your claim. Compensation will only be awarded if your claim is approved by the Commissioners. A local bank will be in charge of distributing payments to claimants and/or investing funds for the benefit and on behalf of claimants in accordance with the Coordination Committee approval and instructions based on post-award assessment needs of the victims.
- (4) Attach documentation confirming your identity, such as photocopy of your national identity card, birth certificate or certificate from UP Chairman. If this is a family claim, attach same documentation confirming the identity of all family members.
- (5) Attach documentation, such as photocopy of a work contract, salary slip, or worker ID to show the employment relationship and the last salary of the injured deceased, or missing person.
- (6) Attach documentation, such as photocopy of a marriage document, birth certificate, heir certificate or dependent certificate issued by UP Chairman, to show family relationship of claimant(s) to the deceased or missing person.
- (7) Attach documentation that you may have concerning the nature and seriousness of your personal injury. You will undergo a medical assessment to establish the degree of disability and cases requiring urgent medical treatment.
- (8) Attach documentation, such as photocopy of a death or burial certificate, or certificate issued by UP Chairman, to show the place and date of death; and the national identity card of the deceased or other documents to show her date of birth.
- (9) Attach the national identity card of the missing relative or other documents to show her date of birth, any documentation that you may have on the circumstances of the disappearance, and a witness testimony signed under oath by minimum 4 persons who knew and worked with the missing person.

Official Use Only:

GENERAL/PERSONAL INFORMATION OF THE CLAIMANT:

Claimant's full name:
.....

Attach Photo

(Stamp size)

Age:

Sex:

- Male
 Female

Date of Birth:

Place of Birth :

National ID No/Birth Certificate No/Other:
.....

Marital Status:

- Married
 Single
 Divorced
 Widow

Father's name:

Employment ID No (if applicable):
.....

Mother's name:

Educational qualification:

Name of husband/wife:.....

Current Address& phone number:
.....

Permanent Address:

Alternative contact name & phone number:

Documents provided: photo national ID other

Other info:

Claimant

Official Use Only:

EMPLOYMENT DETAILS OF INJURED, DECEASED OR MISSING PERSON:

Full Name:

<input type="radio"/> New Wave Bottoms	<input type="radio"/> Phantom Apparels Ltd.	<input type="radio"/> Phantom Tech Ltd.
<input type="radio"/> New Wave Style Ltd.	<input type="radio"/> Ether Textile Ltd.	

Rescuers Directly employed Other

Name of owner/director/managing director/chairman
.....

Job Description:

Designation:

Line/Section:

Description of the work:

.....

Date and duration of the contract or service.....

Total monthly salary received.....

Date of last salary received:

Documents provided: work contract ID of the deceased or missing person
 salary slip other:

Other info:

Employment

Official Use Only:

DETAILS OF DEPENDENTS OF DECEASED OR MISSING RELATIVE:

Number of dependents:

Male..... Female..... Total.....

Name and address of the dependents:

sl	Name	relation	ID	Birth date	occupation	whether disabled
1						
2						
3						
4						
5						

In case of a disabled child, provide details and documentation of disability:

.....
.....

Documents provided: photos national IDs

other

Dependents

Official Use Only:

DETAILS OF ASSISTANCE RECEIVED:

Provide details (source, date and amount) of financial assistance you have received:

- 1. Prime Minister Fund:
- 2. BGMEA:
- 3. Primark (through bKash):
- 4. Other sources:

Describe any medical treatment/job rehabilitation/other assistance received or scheduled to be received:

.....
.....

Describe details and reasons for any immediate assistance you or your family may need?

.....
.....

Other info:

Documents provided (if any):

Attach a separate statement describing non-financial assistance received and your current situation and needs.

Assistance

Official Use Only:

CLAIM FOR PERSONAL INJURY:

Full name of the Injured:

Details of your personal injury and the medical treatments received:

(Official Use Only)

1. Status and results of the medical assessment:

2. Whether urgent medical treatment or operation is required?

Documents provided:

Medical assessment complete:

Other info:

Attach a separate statement describing cause and circumstances of injury, if necessary

Injury

Official Use Only:

CLAIM FOR DEATH OF A RELATIVE:

Deceased's Full name:

Date of birth:

Date of death:

Place of death:

Circumstances of death:

Relationship of deceased with claimant:

- Spouse
- Child
- Parent
- Other (specify)

Documents provided: death certificate burial certificate

Deceased ID other:

Attach a separate statement describing cause and circumstances of death, if

Death

Official Use Only:

CLAIM FOR A MISSING RELATIVE:

Missing Person Full name:

Date of birth:

Date of Missing:

Place of Missing:

Circumstances of disappearance:

Relationship of the missing person with claimant:

- Spouse
- Child
- Parent
- Other (specify)

Documents provided: ID Witness statement

Other documents:

Attach a separate statement fully describing the circumstances of disappearance.

Missing

Official Use Only:

AFFIRMATION AND SIGNATURE:

I, the undersigned, an injured worker, or a relative of a deceased or missing person, from Rana Plaza hereby affirm and solemnly declare as follows:

1. I understand that by submitting this claim to Rana Plaza Claims Administration, I consent to the review of my claim here; and that the award that will be issued and the payment(s) that may be made to me and members of my family in this regard will constitute a final decision on our claim and a full settlement of our rights to claim for compensation concerning the heads of losses claimed here.
2. I understand that the personal information provided by me and others herein, and in the accompanying interviews and documentation, will need to be used for the purpose of processing and payment of claims, and I hereby consent and authorize that this information be disclosed and used as necessary for that purpose.
3. I understand that the eventual payment that may be authorized by the Rana Plaza Coordination Committee, will be made from the Rana Plaza International Trust Fund and other sources to the extent that funds may be available. I also understand that any surplus in the Trust Fund, after the full payment of the awards, will be distributed among all the successful claimants.
4. The information and description provided in the claim forms are true to my knowledge.

.....
(Signature (s) of applicant (s) or thumb (s) mark)

I, _____, certify that the signature or thumb print above has been made in my presence and by the person who has been identified as above.

.....
(Signature (s) or thumb (s) print of certifying person)

Signature