



International Oil Pollution  
Compensation Funds

*"Providing compensation for oil  
pollution damage resulting from  
spills of persistent oil from tankers."*

Agia Zoni II Claims Submissions Office  
Skouze 26 Street, 4th floor  
Piraeus 18536  
Greece  
Telephone/Fax: +30 210 4282334  
Email: [cso@iopcfundsclaims.org](mailto:cso@iopcfundsclaims.org)

**AGIA ZONI II INCIDENT**

CLAIM NUMBER

*To be completed by the CSO*

## Economic Losses – Tourism Sector

### Personal/Company's details

Name and surname	
Date of birth	
Mailing address	
Email address	
Phone number	
Company name (if applicable)	
Tax Identification Number/Trade Register Numbers (as applicable)	

### Claim details (please provide evidence in support of the claim as described below)

PLEASE USE ADDITIONAL SHEETS IF NEEDED

Name of the business	
Describe the ownership scheme of your business (i.e. single ownership, partnership etc.) If not the legal representative, describe your connection with the business	
Type of business and length of operation since establishment of business (include seasonality and months of operation)	
Details of revenue (monthly breakdown by unit sold, monthly revenue)	
Amount of the claim and method of calculation of losses, with details of the commercial and financial impact on your business	
Time period you consider that your economic loss had started and terminated	

## Claim details (continued)

Anticipated income during the loss period claimed and details of income received during the equivalent claimed period for the previous <b>THREE</b> years	
Are the losses referred to in this claim insured in whole or in part? If yes, please provide full details of insurance	
Have you made any claims for, or received any other compensation in connection with the incident? If yes, please provide full details	
Any other information you consider useful in support of your claim	

## Declaration

My claim is, to the best of my knowledge and belief, a true and accurate reflection of my actual loss. It includes information on all financial and/or material gains I have received, including from clean-up activities and aid organisations or government funds, during the period claimed.

By signing the declaration, claimants are deemed to have agreed to the disclosure of the information contained within the claim form and any supporting evidence produced in support to the relevant parties directly involved with the payment of compensation (including the shipowner's insurer, the 1992 Fund, its/their experts, and the Greek courts).

Submitting your application for compensation constitutes your consent to the storage and processing of your personal data by the 1992 Fund. You may exercise your right to access or object to the processing of personal data, by submitting an application to the *Agia Zoni II* Claims Submission Office.

The 1992 Fund reserves the right to claim back any amounts of compensation that may subsequently be proven to have been paid on the basis of false and/or fraudulent documents and evidence and to press criminal charges against any parties involved.

**Tick box to confirm you have read, understood and consent to these terms and conditions.**

Signed by claimant

Date

**SUBMIT FORM**

**PLEASE SUBMIT ALL SUPPORTING DOCUMENTS AND EVIDENCE FOR ALL COSTS INCURRED AS DETAILED ABOVE TO:**

**AGIA ZONI II CLAIMS SUBMISSIONS OFFICE**

Skouze 26 Street, 4th floor  
Piraeus 18536  
Greece

Telephone/Fax: **+30 210 4282334**

Email: **[csso@iopcfundsclaims.org](mailto:csso@iopcfundsclaims.org)**

Website: **[www.iopcfunds.org](http://www.iopcfunds.org)**

## CHECK LIST

### EVIDENCE TO BE SUBMITTED IN SUPPORT OF CLAIMS FOR ECONOMIC LOSSES

1	Capacity of the business (e.g. number of rooms, covers, etc.).	
2	Title/position of claimant (owner, manager, etc.). Please provide proof of title.	
3	Length of period of activity of the business under current ownership.	
4	Evidence that the alleged loss resulted from the contamination.	
5	Monthly breakdown of income for the period of the loss and for the same period for the previous three years.	
6	Annual accounts for the year in which the loss occurred, if available, and for the previous three years, including monthly management accounts. Tax return for the year in which the loss occurred and for the previous three years	
7	Tax return for the year in which the loss occurred, if available, and for the previous three years.	
8	Where possible, monthly breakdown of the number of "units"* rented for the period of the loss and for the previous three years.  * <i>The term 'Unit' refers to:</i> - for hotels, the number of bedrooms let; - for restaurants, the number of meals sold; - for other businesses such as shops and bars, a breakdown of items sold and income is required.	
9	Overheads or other normal variable expenses (toiletries, electricity, cleaning and maintenance costs etc.), for the period of loss and the previous three years.	
10	Details of any measures taken to prevent or minimise pure economic loss by counteracting the negative impact of the pollution on the activity, including description and costs.	
11	Declaration of any extra income received as a result of the incident.	
12	Any relevant business licenses. Please submit with claim form .	
13	An analysis of your business assets (employees, buildings, facilities, rooms, covers, vehicles, equipment) for the claimed period and for the past three years. Please provide in list form.	

For further information please refer to sections 3.4 and 3.5 in the Claims Manual.

