



International Oil Pollution
Compensation Funds

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

Agia Zoni II Claims Submission Office
Skouze 26 Street, 4th floor
Piraeus 18536
Greece

Telephone/Fax: **+30 210 4282334**
Email: **cs0@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 THREE 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.

Terms and Conditions

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 SUBMISSION OFFICE**

Skouze 26 Street, 4th floor
Piraeus 18536
Greece

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

Email: **csso@iopcfundsclaims.org**

Website: **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 | Income statement and balance sheet per business unit 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 | Business operating expenses (wages, rent, utilities, supplies, maintenance, insurance, fees, taxes, interest, depreciation (capital expenses), training, etc.) | |
| 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.

