

Annex I

Confidential

TFV FIRST DRAFT APPLICATION FORM FOR INDIVIDUAL REPARATIONS

Surname of applicant First name of applicant

Gender Date of birth or, if not known, approximate age

Nationality Ethnic group (optional)

A. Protected Buildings

On 27 September 2016, Mr. Al Mahdi was convicted of the war crime of attacking the ten Protected Buildings listed below. Please tick the box(es) next to the Protected Building(s) that the applicant is associated with:

THIS FORM AND THE APPLICATION PROCESS ARE FREE OF CHARGE

MAUSOLEUM(S)

Sidi Mahamoud Ben Omar Mohamed Aquit

Sheikh Mohamed Mahmoud Al Arawani

Sheikh Sidi El Mokhtar Ben Sidi Mouhammad Al Kabir Al Kounti

Alpha Moya

Sheikh Mouhamad El Mikki

Sheikh Abdoul Kassim Attouaty

Sheikh Sidi Ahmed Ben Amar Arragadi

Ahmed Fulane

Bahaber Babadié

MOSQUE

Sidi Yahia Mosque Door

N.B. If you ticked more than one box, please specify in your answers to the relevant questions below which of the Protected Buildings each answer refers to.

B. Relationship between the applicant and the Protected Building(s)

Please only answer the questions that apply to the applicant.

REQUEST FOR REPARATIONS OF ECONOMIC HARM

1. MASONS AND GUARDIANS

1.1 Did the applicant perform one of the following functions between around 30 June 2012 and 11 July 2012?

- Mason
-
-
- Guardian
-
-

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2. OTHER VOCATIONS

2.1 If the applicant was not a mason or a guardian, did he or she carry out any tasks for maintaining or protecting the cultural, religious, or spiritual heritage of the Protected Building(s) or its surroundings between around 30 June 2012 and 11 July 2012 as:

- Imam
- Marabout
- Caretaker
- Other (please specify)

2.2. What percentage of your total income belonged to your work for the Protected Buildings?

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3. BUSINESSES

3.1 Did the applicant own or work for a business that was entirely dependent on the Protected Building(s) between 30 June 2012 and 11 July 2012?

Yes No *If yes, please describe the business (e.g. goods or services traded, type of customers, nature of the exclusive link to the Protected building(s) etc.)*

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3.2. If yes: what percentage of your total income belonged to said business?

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4. FAMILY MEMBERS OF POTENTIAL BENEFICIARIES OF ECONOMIC HARM

4.1. How many family members are under your financial care? (e.g. non-working spouse, parents, minors, relatives living in the household and other persons financially depended upon applicant...).....

4.2. Were any of these family members involved in the protection and maintenance of the Protected Buildings? If so, describe how:

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REQUEST FOR REPARATIONS OF MORAL HARM

5. DIRECT DESCENDANTS: Is the applicant a direct descendant of the Main Saint of the Protected Building(s)?

Yes No *If yes, please write down the name of the Saint(s) with which the applicant is in direct kinship with*

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C. Communication of identity

Please note that the information in the present application will be given to the defence before the ICC (Mr. Al Mahdi and his counsel). However, should the applicant(s) have any reason to be concerned about their security, well-being, dignity or privacy or that of any other person, they can decide that the information in this form is communicated without revealing their identity.

6. Does the applicant consent to his/her identity being disclosed to the defence?

Yes No If no, please specify the

reasons
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To be completed *only* if a person is acting on behalf of the applicant

Applicant is a child } Relationship to applicant.....
 Applicant is a person with a disability }
 Applicant is deceased }
 Applicant is an adult and gives consent for someone to act on their behalf (please note that the consenting applicant must sign in the box below) Details of person acting on behalf of the applicant

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Surname	First name	Date of birth (or age)
.....

Signature of person acting on behalf of the applicant Date Location

IN SUBMITTING THIS APPLICATION, I ACKNOWLEDGE WITH MY SIGNATURE THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND SHOULD BE CONSIDERED FOR THE TRUTH OF ITS CONTENT.

I ALSO UNDERSTAND, AND WITH MY SIGNATURE HEREBY CONSENT, THAT THE PERSONAL INFORMATION CONTAINED IN MY APPLICATION FORM WILL BE PROVIDED TO THE CONVICTED PERSON AND HIS LEGAL TEAM. HOWEVER, MY IDENTITY WILL NOT BE DISCLOSED WHERE I INDICATED THIS AS MY CHOICE UNDER QUESTION 6.

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Signature of the applicant Date Location

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D. PERSONAL INFORMATION

- 1. If the applicant has previously applied for participation and/or reparations, please specify the previous application number ___/____/___
- 2. What profession does the applicant have?
- 3. If the applicant has a disability or disabilities, please specify:
- 4. What language(s) does the applicant speak?
- 5. If the Trust Fund for Applicants determines that you or the applicant you represent are eligible to receive compensation, what is your preferred currency for the Trust Fund to pay the award to you?
USD **CFA**
- 6. If eligible, what would be your preferred method to receive the monetary award?
 Ban transfer / Mobile app / Other. Please specify.....

CONTACT INFORMATION OF THE APPLICANT

Address:

Phone number(s) or other ways to contact the applicant (if applicable):

E-mail (if applicable) :

Contact information of the person or organization who assisted in filling in this form (if applicable)	
Surname	First name
Name of the organization (if applicable)	
Phone number(s) and e-mail (if applicable)	
Address	

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TFV FIRST DRAFT APPLICATION FORM FOR INDIVIDUAL REPARATIONS**THE FOLLOWING DOCUMENTS SHOULD BE ATTACHED TO THIS APPLICATION FORM****FOR ALL CATEGORIES OF APPLICANTS**

- Copy of proof of identity of the applicant
- Copy of proof of identity of the person acting on behalf of the applicant (*IF APPLICABLE*)
- Copy of proof of relationship to applicant (*IF APPLICABLE*, unless the applicant is an adult who has given consent)
- Copy of death certificate of the applicant (*IF APPLICABLE*)

FOR MASONS AND GUARDIANS

- Proof of status at the time of the events

FOR OTHER VOCATIONS

- Proof of involvement in maintenance and protection at the time of the events
- Proof that livelihood exclusively depended on activities related to the protected building(s)

FOR BUSINESS OWNERS/EMPLOYEES

- Proof of status, purpose of the business and the exclusive link with the protected building(s)
- Proof that livelihood exclusively depended on activities related to the protected building(s)

FOR APPLICANTS OF REPARATIONS FOR MORAL HARM

- Proof of direct kinship with the main saint buried in the protected building(s)
- Proof of residence/sufficient connection to Timbuktu at the time of the events

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