

# Annex 1

Confidential

# 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. 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

1.2 Please tick the box(es) next to the Protected Building(s) that the applicant is referring to:

#### 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

## 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 Please tick the box(es) next to the Protected Building(s) that the applicant is referring to:

### 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

2.3 Did the applicant earn an income through other means between around 30 June 2012 and 11 July 2012? If yes, to which extent was the applicant's livelihood affected by the destruction of the Protected Building?

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## 3. BUSINESSES

3.1 Did the applicant have one of the following role(s) in relation to a business that was entirely dependent on the Protected Building(s) between around 30 June 2012 and 11 July 2012?

- Business owner
- Business employee

3.2 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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3.3 Did the applicant earn an income through other means between around 30 June 2012 and 11 July 2012? If yes, to which extent was the applicant's livelihood affected by the destruction of the Protected Building?

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3.4 Please tick the box(es) next to the Protected Building(s) that the applicant is referring to:

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

4. FAMILY MEMBERS OF POTENTIAL BENEFICIARIES OF REPARATIONS OF ECONOMIC HARM

4.1 Please indicate how many family member(s) of the applicant, if any, was/were involved in the protection and maintenance of the Protected Building(s):

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4.2 Please specify their names and describe their roles:

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4.3 Did any of them apply or intend to apply for individual reparations? If yes, provide details:

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## REQUEST FOR REPARATIONS OF MORAL HARM

### 5. DIRECT DESCENDANT

5.1 Is the applicant a direct descendant of the Main Saint of the Protected Building(s)?

Yes       No

5.2 Please tick the box(es) next to the Main Saint(s) that the applicant is a direct descendant of:

#### MAIN SAINT

- 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
- Sidi Yahia

**B. 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* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

THIS FORM AND THE APPLICATION PROCESS IS FREE OF CHARGE

THE ICC DOES NOT CHARGE FOR ANY STAGE OF PROCEEDINGS

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

<input type="checkbox"/> Applicant is a child (under 18 years old) born before 11 July 2012	} _____ Relationship to applicant
<input type="checkbox"/> Applicant is a person with a disability	
<input type="checkbox"/> Applicant is deceased	
 <input type="checkbox"/> Applicant is an adult and gives consent for someone to act on their behalf ( <u><i>please note that the consenting applicant must sign in the box below</i></u> )	

Details of person acting on behalf of the applicant

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.**

Signature of the applicant	Date	Location
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### C. Personal Information

1. If the applicant has previously applied for participation and/or reparations, please specify the previous application number \_\_\_ / \_\_\_ / \_\_\_
2. What is the current profession of the applicant? \_\_\_\_\_
3. What is the marital status of the applicant? \_\_\_\_\_
4. What is the applicant current town of residence? \_\_\_\_\_
5. If the applicant has a disability or disabilities, please specify \_\_\_\_\_
6. What language(s) does the applicant speak? \_\_\_\_\_
7. If the Trust Fund for Victims determines that the applicant is eligible to receive compensation, what is the preferred currency for the payment?  USD  CFA
8. If eligible, what would be your preferred method to receive the monetary award?  
Bank 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 organisation who assisted in filling in this form (*if applicable*)

Surname \_\_\_\_\_ First name \_\_\_\_\_

Name of the organisation (*if applicable*) \_\_\_\_\_

Phone number(s) and e-mail (*if applicable*) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**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 role, 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 FAMILY MEMBERS OF APPLICANTS FOR REPARATIONS OF ECONOMIC HARM**

- Proof of relationship with applicants and involvement in maintenance and protection at the time of the events

**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