INSTRUCTIONS

Please answer each question clearly and completely. *Type* or *print in ink*.

Read carefully and follow all

IRAN-UNITED STATES CLAIMS TRIBUNAL The Hague, Netherlands PERSONAL HISTORY FORM⁺

PLEASE SUPPLY TWO PASSPORT PHOTOGRAPHS

	directions											
1.	Family name*	First name			Other names			Maiden name				
2.	Date of birth	3. Place of l	birth		4. Nationality at birth			1	5. Present i	nationality	6.	Sex
	. Are you aware of any circuegard to litigation of claims a								artiality or i	ndependen	ce with	h
8.	Permanent address			9. Present address					10. Pe	ermanent te	elephoi	ne no.
								11. Present telephone no.			10.	
12	2. Have you any dependants			<u> </u>	TC 4	1	:	" -: 4la	C-11-series	• •	_	
┡	Yes NAME	No	1 1 00	Relation		he ans		es", give th	e following		1	ionchin
┢	INAIVIE		Age	Keiatioi	asmp		1	NAME		Age	Kerau	ionship
┢				†								
na If	B. Have you taken up legal per tionality? f answer is "yes" which count	try?			•			at of your	Y	ES NO		
	Have you taken any legal answer is "yes", explain fully		ls changi	ng your p	resent r	nationa	ality?	YES	NO			
	5. Do you, or any of your clos an or the U.S.?	e relatives w	vork for,	or have a	ny close	e conn	nection wit	th, any con	npany or gov	vernment a	uthorit	y in
	NAME			Relationship			Compar	ny/Governm	ent authori	ty.		
L				I			<u> </u>					
16	6. What is your preferred field	ld of work?										
	'. Would you accept employn onths? YES	nent for less No	than six	x	18. If	offere	ed an appo	ointment, w	hen could y	ou report fo	or duty	7?
19	. KNOWLEDGE OF LANC	GUAGES.	What is	vour mot	her tons	gue?						
	· III (0 // 222 =	READ			WRIT	re 	1 9	SPEAK UNDERSTAND				
		Easil		easily	Easily		Not easily		Not fluent			ot easily
L	OTHER LANGUAGES											
-			+	-+								
20). For clerical grades only. <i>In</i>	ndicate spee	d in wor	ds per mi	nute			List any o	 ffice machin	les or equit	ment	vou can
Ë	Other languages					use						
		English	Frei	nch	Farsi		<u> </u>	1				
Ту	ping	-	1									
Sh	northand											

⁺ Please email the completed form to the Administrator at admin-off@iusct.nl

^{*} Please indicate any changes of family name other than through marriage, and state original family name.

21. EDUCATION.		N.B. Please give e do not translate or			es of degrees	in original	language. Please
A. University	or equivalent		•				
Name, place and country			ars attended m to	Degrees and	Main course of study		
						j	
D C 1 1 1	C 1	1	147 1:1	1 1 1 1 1 1	. 1 1		,
B. Schools or other	r formal training or	education from age	e 14 (e.g., high				
Name, place and country			Type	Years attended from to		Certificates or diplomas obtained	
22. List professional	societies and activi	ties in civic, publi	c or internation	al affairs			
23. List any signifi	cant publications yo	ou have written (De	o not attach)				
separate block for e	NT RECORD: Star each post. Include eed more space, atta	also service in the	armed forces a	nd note any perio			
From	То	Salaries p		Exact title of your post:			
Month/Year	Month/Year	Starting	Final				
Name of employer:				Type of business:			
Address of employe	Name of supervisor:						
				Number and k supervised by		oyees	Reason for leaving:
		DESCRIF	TION OF YO	UR DUTIES			

From	То	Salaries per annum		Exact title of your post:				
Month/Year	Month/Year	Starting	Final					
Name of employer:				Type of business:				
Address of employer:				Name of supervisor:				
				Number and kind of employees	Reason for			
				supervised by you:	leaving:			
		DESCR	IPTION OF YO	UR DUTIES				
From	То	Salaries	per annum	Exact title of your post:				
Month/Year	Month/Year	Starting	Final					
Name of employer:				Type of business:				
Address of employer:				Name of supervisor:				
-				Number and kind of employees	Reason for			
				supervised by you: leaving:				
		DESCR	IPTION OF YO					
From To								
		Salaries	per annum	Exact title of your post:				
Month/Year	Month/Year	Salaries Starting	per annum Final					
Month/Year Name of employer:			•	Type of business:				
Month/Year			•	Type of business: Name of supervisor:				
Month/Year Name of employer:			•	Type of business: Name of supervisor: Number and kind of employees	Reason for			
Month/Year Name of employer:		Starting	Final	Type of business: Name of supervisor: Number and kind of employees supervised by you:	Reason for leaving:			
Month/Year Name of employer:		Starting	•	Type of business: Name of supervisor: Number and kind of employees supervised by you:				
Month/Year Name of employer:		Starting	Final	Type of business: Name of supervisor: Number and kind of employees supervised by you:				
Month/Year Name of employer:		Starting DESCR	Final	Type of business: Name of supervisor: Number and kind of employees supervised by you:				
Month/Year Name of employer: Address of employer:	Month/Year	Starting DESCR	Final IPTION OF YO	Type of business: Name of supervisor: Number and kind of employees supervised by you: UR DUTIES				
Month/Year Name of employer: Address of employer: From	Month/Year To	Starting DESCR Salaries	Final IPTION OF YO per annum	Type of business: Name of supervisor: Number and kind of employees supervised by you: UR DUTIES Exact title of your post: Type of business:				
Month/Year Name of employer: Address of employer: From Month/Year	Month/Year To	Starting DESCR Salaries	Final IPTION OF YO per annum	Type of business: Name of supervisor: Number and kind of employees supervised by you: UR DUTIES Exact title of your post: Type of business: Name of supervisor:				
Month/Year Name of employer: Address of employer: From Month/Year Name of employer:	Month/Year To	Starting DESCR Salaries	Final IPTION OF YO per annum	Type of business: Name of supervisor: Number and kind of employees supervised by you: UR DUTIES Exact title of your post: Type of business:				
Month/Year Name of employer: Address of employer: From Month/Year Name of employer:	Month/Year To	Starting DESCR Salaries	Final IPTION OF YO per annum	Type of business: Name of supervisor: Number and kind of employees supervised by you: UR DUTIES Exact title of your post: Type of business: Name of supervisor:	leaving:			
Month/Year Name of employer: Address of employer: From Month/Year Name of employer:	Month/Year To	Starting DESCR Salaries Starting	Final IPTION OF YO per annum	Type of business: Name of supervisor: Number and kind of employees supervised by you: UR DUTIES Exact title of your post: Type of business: Name of supervisor: Number and kind of employees supervised by you:	leaving:			

25. Have you any objections to our r	naking inquiries of your present	YES	NO				
employer?							
26. Are you now, or have you ever be employ?	YES	NO					
If answer is "yes", when?							
27. REFERENCES: List three person names of supervisors listed under Item		ar with your charac	ter and qualifi	cations. Do not repeat			
FULL NAME	FULL ADDRESS			BUSINESS OR OCCUPATION			
1.							
2.							
3.							
28. State any other relevant facts. In	nclude information regarding any resi	dence outside the o	country of you	ır nationality.			
			c 1	,			
28.a. Have you visited Iran or the Ur	nited States? If so, please indicate da	te, duration and pur	rpose of such	visit/s:			
		0 1	1 11	1 6: 1			
29. Have you ever been arrested, ind			nal proceeding	g. or convicted, fined or			
imprisoned for the violation of any law (excluding minor traffic violations)?							
YES NO							
If "yes", give full particulars of each case in an attached statement.							
30. I certify that the statements made by me in this form are true, complete, and correct, to the best of my knowledge and belief. I understand that any misrepresentation or material omission herein, or in any document I produce to the Tribunal, renders me liable to dismissal.							
DATE:	SIGNATUR	E.					
DATE.	SIGNATOR	D.					
N.D. Dlagge do not sand any documen	tam evidence in support of the statem	conta vou hava mad	la unlace and i	antil calcad to do so. In			
N.B. Please do not send any documentary evidence in support of the statements you have made unless and until asked to do so. In that event, send only copies, not the originals.							
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