## INSTRUCTIONS

Please answer each question clearly and completely. *Type* or *print in ink*. Read carefully and follow all directions

## IRAN-UNITED STATES CLAIMS TRIBUNAL The Hague, Netherlands PERSONAL HISTORY FORM<sup>+</sup>

PLEASE SUPPLY TWO PASSPORT PHOTOGRAPHS

1. Family name*	First name		Other names			Maiden name				
2. Date of birth	3. Place of birth		4. Nationality at birth			1	5. Pro	esent natio	onality	6. Sex
7. Are you aware of any circ to litigation of claims as bety						your impa	rtiality	or indepo	endence	with regard
8. Permanent address			9. Prese	ent address		10. Permanent telepho			elephone no.	
									hone no.	
12. Have you any dependent Yes	ts?			If the	answer is "ye	es", give th	e follo	wing info	ormatio	n:
NAME	110	Age	Relationship NAME			10110		Age	Relationship	
nationality? If answer is "yes" which could have you taken any legated answer is "yes", explain fulls. Do you, or any of your clarn or the U.S.?  NAMI	ll steps toward illy: lose relatives v		or have		•					uthority in
16. What is your preferred fi	ield of work?									
17. Would you accept emplo	yment for less	than six	months?	18. If offe	ered an appo	intment, w	hen co	uld you re	eport fo	r duty?
YES	No									
19. KNOWLEDGE OF LAN	NGUAGES. V	What is y	our moth	ner tongue?						
	READ		)	W	WRITE		SPEAK		UN	DERSTAND
OTHER LANGUAGE	Es Easi	ly No	t easily	Easily	Not easily	Fluently	Not	fluently	Easil	ly Not easily
20. For clerical grades only.	Indicate spee	d in word	ds per mi	nute		List any o	office n	nachines o	or equip	oment you can
					Other languages use				1 1	•
	English	Fre	ench	Farsi						
Typing										
Shorthand										

<sup>&</sup>lt;sup>+</sup> Please return the completed form to: Secretariat Recruitment Section, Iran-United States Claims Tribunal, Parkweg 13, 2585 JH, The Hague, The Netherlands, or e-mail to <a href="mailto:administrator-asg@iusct.nl">administrator-asg@iusct.nl</a>.

<sup>\*</sup> 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			s of degrees i	in original l	anguage. Please	
A. University			1	0				
Name, place and country		Yes fro	ars attended m to	Degrees and	Main course of study			
		no.					stady	
B. Schools or other f	formal training or e	education from age	14 (e.g., high s	chool, technical	school or app	renticeship)	)	
Name, place and country			Туре				es or diplomas	
ivanie, place and coul	nu y		Турс	from	to obtained			
22. List professional	societies and activi	ities in civic, public	c or internation	al affairs				
23. List any significant publications you have written ( <i>Do not attach</i> )								
24. EMPLOYMEN separate block for ea employed. If you ne	ach post. Include a	also service in the a	rmed forces an	d note any period				
From	To	Salaries p	er 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 ki supervised by		yees	Reason for leaving:	
DESCRIPTION OF YOUR 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:						
DESCRIPTION OF YOUR DUTIES									
From	То	Salaries p	er 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:				
	DESCRIPTION OF YOUR DUTIES								
From	То	Salaries p	er annum	Exact title of your post:					
From Month/Year	To Month/Year	Salaries p Starting	er annum Final	Exact title of your post:					
	_			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	Final PTION OF YO	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  DESCRI	Final PTION 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  DESCRI  Salaries p	Final PTION OF YO er annum	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	Month/Year To	Starting  DESCRI  Salaries p	Final PTION OF YO er 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  DESCRI  Salaries p	Final PTION OF YO er 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  DESCRI  Salaries p  Starting	Final PTION OF YO er annum Final	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:				
Month/Year Name of employer: Address of employer:  From Month/Year Name of employer:	Month/Year To	Starting  DESCRI  Salaries p  Starting	Final PTION OF YO er 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 making inquiries of your present employer? YES NO							
26. Are you now, or have you ever been, a permanent civil servant in your government's employ? YES NO							
If answer is "yes", when?							
27. REFERENCES: List three persons, not rela	ated to you, who are familiar with your character a	and qualifications.					
FULL NAME	FULL ADDRESS		SINESS OR CUPATION				
1.							
2.							
3.							
28. State any other relevant facts. Include info	rmation regarding any residence outside the coun	try of your national	ity.				
28.a. Have you visited Iran or the United States? If so, please indicate date, duration and purpose of such visit/s:							
29. Have you ever been arrested, indicted, or summoned into court as a defendant in a criminal proceeding. 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.							
	this form are true, complete, and correct, to the brial omission herein, or in any document I produce						
DATE:	SIGNATURE:						
N.B. Please do not send any documentary evide that event, send only copies, not the originals.	ence in support of the statements you have made u	ınless and until aske	ed to do so. In				