

Official Use Only

# United Nations Compensation Commission

## **E** Claim Information

Legal structure of your corporation or entity on the date that the claim arose:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> Publicly held corporation | <input type="checkbox"/> Non-profit corporation     |
| <input type="checkbox"/> Partnership         | <input type="checkbox"/> Closely held corporation  | <input type="checkbox"/> Unincorporated association |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Joint venture             | <input type="checkbox"/> Public-sector enterprise   |
| <input type="checkbox"/> Other               |  |   |

(describe)

## **E**

Does the claim of your corporation or entity involve:

- |  |   |
|--|---|
| <input type="checkbox"/> Debt                                      | <input type="checkbox"/> Insurance  |
| <input type="checkbox"/> Interference with contract                | <input type="checkbox"/> Destruction of facilities, properties, inventory |
| <input type="checkbox"/> Expropriation                             | <input type="checkbox"/> Licenses, franchises                             |
| <input type="checkbox"/> Impossibility, frustration, force majeure | <input type="checkbox"/> Foreign exchange controls                        |
| <input type="checkbox"/> Termination costs                         | <input type="checkbox"/> Taxes  |
| <input type="checkbox"/> Loss of earnings or profits               | <input type="checkbox"/> Social security payments                         |
| <input type="checkbox"/> Bank guarantees or performance bonds      | <input type="checkbox"/> Payment or relief to others                      |
| <input type="checkbox"/> Letters of credit                         |   |
| <input type="checkbox"/> Other                                     |   |

(describe)

Which type of business is involved in the claim of your corporation or entity:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Manufacturing  | <input type="checkbox"/> Banking, finance | <input type="checkbox"/> Shipping/transport |
| <input type="checkbox"/> Trade in goods | <input type="checkbox"/> Construction     | <input type="checkbox"/> Insurance          |
| <input type="checkbox"/> Services       | <input type="checkbox"/> Petroleum        |   |
| <input type="checkbox"/> Other          |   |   |

(describe)

Status of your business on date that this claim is filed:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Continued operating | <input type="checkbox"/> Ceased operating permanently | <input type="checkbox"/> Resumed functioning |
|--|---|--|

In liquidation (name of trustee or similar official, if any)

Other (describe)

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