

If you contact us please quote:

Team Room

Date

Claim for an Ex-Gratia payment for a SURVIVING SPOUSE of an Ex-Far East Prisoner of War, Merchant Seaman imprisoned by the Japanese or Civilian Internee

You may be eligible for the ex-gratia award if you are the surviving widow or widower of one of the following and you were still married to them at the time of their death.

- a surviving former member of HM Armed Forces who was held as a Japanese prisoner of war in the Far East during the Second World War,
- a surviving former service personnel who received payments under Article 16 of the 1951 Treaty of Peace with Japan under the auspices of the British Government. These were certain members of the then Colonial Forces,
- a surviving former member of the Colonial Forces who was held as a Japanese prisoner of war, was British at the time of internment and who can show they lived in the United Kingdom for at least twenty years between 1 January 1945 and 7 November 2000,
- a surviving former member of the Merchant Navy who was imprisoned by the Japanese in the Far East during the Second World War. For the purposes of this scheme, a member of the Merchant Navy is a person who has been employed, or engaged as or as, or for service as a mariner in a British ship,
- a surviving British civilian who was interned in a specially designated camp controlled by the Japanese in the Far East during the Second World War and who has a close link to the United Kingdom.

Please answer the questions in the reply part of this form then sign and date the Declaration on page 11. If you are unable to answer any of the questions please give as much information as you can. For the questions you have been unable to answer we may have to get in touch with you again or make other enquires to enable us to process your claim. Return this form to us as soon as possible. A prepaid envelope is enclosed.

After we receive this form back we will keep you informed regarding the progress of your claim. We may obtain your spouses service records if they were in the Armed Forces.

Data Protection

The Ministry of Defence is a Data Controller for the Data Protection Act 1998. Under the act you have a right of access to your personal information held by the Service Personnel and Veterans Agency. If you want to ask for a copy of that information, please write to us quoting your National Insurance number.

The Ministry of Defence is committed to ensuring that all your personal data is processed in accordance with the Data Protection Act 1998.

The personal data (including sensitive personal data, for example information about your physical or mental health or condition) collected and contained within this form will be retained on your physical file and may be used for all lawful purposes including:

- by the Ministry of Defence and its agents in connection with all matters relating to the AFCS claim or a War Pension claim and any other claims against the Ministry of Defence
- by other Government Departments which have a legitimate interest in this information for example for the purposes of research or for the prevention and detection of crime.

Part 1 About you - If you do not tell us all your personal details, we may have to get in touch with you for more information. This will delay your claim.

Please tell us about yourself.

	Letters	Numbers	Letter
National Insurance (NI) number. (If you have one)			

You can find the number on your National Insurance (NI) Number card, letters from Social Security, payslips, Retirement Pension payments or correspondence.

If you do not know your NI number have you ever had one or used one at any time?

No

Yes

Surname or Family name

Mr / Mrs / Miss / Ms / Dr / Rev / Other

All other names in full

All other Surnames or Family names you have been known by or are using now. Include names used when you were in the Far East. Please include maiden name, all former married names and all changes of family name. Please list in date order, the most recent first.

Address

Date of birth

/ /

Daytime phone number (include dialling code), home/work/mobile/fax - please delete as appropriate

Code Number

Part 1. About you - continued

Please tell us the date of your marriage to you late spouse

Please send us your marriage certificate. We need to see the original

Please tell us if you were divorced from your late spouse?

No

Yes

Was your divorce:

Nisi?

absolute?

Have you remarried?

No

Yes

Part 2. About your late spouse

Please tell us about your late spouse

National Insurance (NI) number.
(If they had one)

Letters	Numbers	Numbers	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Surname or Family name

All other names in full

All other Surnames or Family names they had been known by or were using. Please include all changes of family name. Please list in date order, the most recent first.

Date of birth

Place of birth

Please send original birth certificate or other official documentation showing the place of birth of your spouse

Please state your spouses nationality at birth

Please state your spouses nationality at internment

Part 2 About your late spouse - continued

Last address

Postcode

Date of death.

/ /

Please send us the original death certificate

Please tell us if your spouse was getting or had claimed a war pension from us.

No

Yes

Please tell us their reference number. You will find this on the top of the front page of any forms or letters that we sent them.

Part 3 About your spouses service

Please tell us about any service your spouse had in the Armed Forces, Colonial Forces or Volunteer Forces

Did they serve in any of the above Forces or the Merchant Navy?

No

For civilians please go to **part 3a**

Yes

Please supply details regarding this below

Please state who your spouse served with

Royal Navy

Royal Marines

Army

Royal Air Force

Mercantile
Marines

Colonial Forces

Volunteer Forces

Their rank on discharge

Their service number

Other names used

Part 3 About your spouses service - continued

The regiment, corps or unit on enlistment or ship your spouse was serving on when captured

Enlisted

Discharged

Dates of service

Part 3a Civilian internees

About your claim if your spouse was a child when they were interned, please give names and date of birth of any parents who were also captured.

If you have any contemporary evidence that confirms their internment please enclose it with this form.

If anyone else in your spouse's family was held as a civilian internee please tell us about them here

Part 4 About your claim

Please tell us about your claim here

Please state the date your spouse was captured, their home address at that time, the names of the camps and the countries they were held in and how long they were held there.

Date captured

Their home address at that time

Part 4 About your claim- continued

Camp 1

Country

The dates they were held there

Began

Ended

Camp 2

Country

The dates they were held there

Began

Ended

If they have been held in more camps please tell us about them.

Have you or your late spouse received any other form of ex-gratia payment for being imprisoned or interned by the Japanese?

No

Yes

Please give us more details below

How much was the payment ?

Who made the payment?

On what date was the payment made?

Residing in the United Kingdom

Did your late spouse live in the United Kingdom for at least 20 years between 1 January 1945 and 7 November 2000

No

Yes

Please give more details below

Please list periods of residency and the address(s) they were living at. We may need to get in touch with you at a later date to provide evidence to support this.

Address 1 From To

Part 4 About your claim - continued

Address 2 From To

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Address 3 From To

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Continue below if necessary

Part 6 - For people signing this form for someone else

If a representative who acts as Power of Attorney or Appointee for you is signing this form they must enclose original documentary evidence to show that they are your legal representative. Even though you can fill this form for another adult, they must still sign it themselves unless one or more of these boxes apply. Tick **all** the boxes that apply.

I have power of attorney for them

We may get in touch with you about this. We will normally send all letters about this payment to you.

I am a receiver for them under a Court of Protection Order. Or in Scotland, a tutor, a curator, or guardian appointed in terms of law

The Department of Work and Pensions has already appointed me to get this person's benefits and to deal with their letters from the Department

They cannot manage their own affairs because of a mental illness or a mental disability

If the person does not know you are signing this form for them, tell us why not

Please tell us your personal details

National Insurance (NI) number (if known)

Surname or Family name

Forenames (in full)

Title (Mr , Mrs, Ms, Miss or other - if other please specify)

Any other names used (including maiden name if appropriate)

Date of birth

Address where you live

Postcode

Declaration

I confirm that the information I have given is accurate and complete to the best of my knowledge and belief.

I understand that the information and personal data I have provided on this form, and any information and personal data I provide subsequently may be:

- used by the Ministry of Defence (MOD) in connection with my claim, or any subsequent reconsideration, review or appeal, under the Armed Forces Compensation Scheme (AFCS) or the Service Pensions Order (SPO) or any other schemes administered by the Service Personnel and Veterans Agency (SPVA).
- passed to any organisation contracted to provide medical services to the MOD and any qualified medical practitioner asked by the MOD to provide specialist advice.
- passed to the Department for Work and Pensions.
- used by the MOD and its agents in connection with all matters relating to this or future claims, or any subsequent reconsideration, review or appeal, under the AFCS or the SPO or other schemes administered by the SPVA, and other claims against the MOD, and by other Government Departments, which have a legitimate interest in this information for example, for the prevention and detection of crime.

I understand that

- I must immediately tell the MOD of anything that may affect my entitlement to, or the amount of, an award under the AFCS, a war pension, a supplementary allowance or any survivors' benefits paid under the SPO, or an award paid under any other scheme administered by the SPVA, including any changes of address.
- if I knowingly give false information, I may be liable to prosecution.

I agree that

- the MOD and
- any doctor advising the MOD and
- any organisation contracted to provide medical services to the MOD and any doctor providing services to that organisation

may ask

- any doctor who has provided treatment and
- any hospital or similar place and
- anyone else who has provided treatment (such as physiotherapist)

for copies of all medical records, and (including those in sealed envelopes) and any other information required to consider my claim, or any subsequent reconsideration, review or appeal, under the AFCS or SPO or any other schemes administered by the SPVA.

And that the MOD may

disclose medical records, and any information about my claim, or any subsequent reconsideration, review or appeal, under the AFCS or SPO or any other schemes administered by the SPVA, to any organisation contracted to provide medical services to the MOD and any qualified medical practitioner or consultant asked by the MOD to provide specialist advice. I understand that the information will be retained by the MOD, either as a written record, or on a secure database, and may be used in future if it is necessary to reconsider or review my claim and any award made.

I agree

- to refund any sum paid as a result of this claim in the event that an overpayment is made for any reason.

Remember - You must sign this form yourself if you can, even if someone else has filled it in for you. If a representative who acts as a Power of Attorney or Appointee for the claimant is signing this form, they must enclose evidence to show that they are the legal representative.

Signature

Date

Before returning this form please check the following

- have you signed the declaration above and checked this form carefully?
- have you filled in all the parts that apply to you?
- have you enclosed any other evidence that you feel will support your claim?

Part 7 For Official use only

Date claim received

/ /

Status confirmed

Authorised:

Payment made
