

<b>1. The applicant</b>	Last name and first names		Personal identity code or business ID
	Street address		Post code
	Town or city		Country
	E-mail address		Phone number
<b>2. Details of the agent who prepared the claim for compensation</b>	<input type="checkbox"/> Attorney-at-law (legal practice) or other agent <input type="checkbox"/> Guardian <input type="checkbox"/> Trustee		
	Name		Business ID
	Postal address		
	E-mail address		Phone number
<b>3. Payment details</b>	Applicant's bank account IBAN		BIC / Swift
	Bank account for client funds or Agent's bank account IBAN		BIC / Swift
	<b>If compensation due to the applicant is to be paid to someone other than the applicant himself/herself, a separate and individualised power of attorney must be appended to the application.</b>		
<b>4. Insurance policies and compensation payable from other sources</b>	<b>Was the applicant covered by an insurance policy at the time the damage occurred?</b> (Name of insurance company and type of compensation)		<input type="checkbox"/> No <input type="checkbox"/> Yes (the details below must be filled in)
	_____		Compensation has been claimed           Compensation paid from insurance
	_____		<input type="checkbox"/> No <input type="checkbox"/> Yes           _____ €
	_____		<input type="checkbox"/> No <input type="checkbox"/> Yes           _____ €
	<b>Has the applicant already received compensation?</b>		Compensation has already been received           Amount received
	From the Social Insurance Institution (KELA) or a sickness fund?		<input type="checkbox"/> No <input type="checkbox"/> Yes           _____ €
From another source? (specify:) _____ _____ _____		<input type="checkbox"/> No <input type="checkbox"/> Yes _____ € _____ € _____ €	

<p><b>5.</b> The authority that caused the damage</p>	
<p><b>6.</b> Date, time and place of the damage</p>	
<p><b>7.</b> An account of the damage</p>	

<b>8.</b> Compensation demand	
<b>9.</b> Signature	Date _____ Signature of the applicant or the applicant's guardian, trustee or agent _____ Name in block letters _____

The application must be submitted to the State Treasury at:  
State Treasury, Compensations, P.O. Box 50, FI-00054 State Treasury  
or via e-mail to [damages@statetreasury.fi](mailto:damages@statetreasury.fi)