

STATE TREASURY

Compensations and Damages Department

P.O. Box 50,

00054 STATE TREASURY

CLAIM FOR COMPENSATION

For damage caused by a state authority

1. The applicant	Last name and first names		Personal identity code or business ID
	Street address		Post code
	Town or city		Country
	E-mail address		Phone number
2. Details of the agent who prepared the claim for compensation	<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
3. Payment details	Applicant's bank account IBAN		BIC / Swift
	Bank account for client funds or Agent's bank account IBAN		BIC / Swift
	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.		
4. Insurance policies and compensation payable from other sources	Was the applicant covered by an insurance policy at the time the damage occurred? (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 _____ €
	Has the applicant already received compensation?		Compensation has already been 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>5. The authority that caused the damage</p>	
<p>6. Date, time and place of the damage</p>	
<p>7. An account of the damage</p>	

8. Compensation demand	
9. 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, Services for Citizens, P.O. Box 50, FI-00054 VALTIOKONTTORI
or via e-mail to damages@statetreasury.fi