

**CLAIM FORM**  
**FOR REPOSSESSION OF AN APARTMENT WITH THE OCCUPANCY RIGHT**  
*Official Gazette of BiH Federation, 16/98*

Case ID \_\_\_\_\_ (leave blank)      Date claim submitted \_\_ / \_\_ / 199\_

**PLEASE COMPLETE IN BLOCK LETTERS**

**1 - Fill in personal data (of occupancy right holder or household member):**

Family name: \_\_\_\_\_

Name of one parent: \_\_\_\_\_

First name: \_\_\_\_\_

Date of Birth (day/month/year): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Unique ID Number (JMBG), if known: \_\_\_\_\_

Number of household members returning to claimed apartment (including claimant): \_\_\_\_\_

Claimant Status: \_\_\_\_\_ Occupancy Right Holder ? \_\_\_\_\_

Member of Household at time of declaration of abandonment ? \_\_\_\_\_

**2 - Fill in data relating to apartment claimed:**

City (including municipality): \_\_\_\_\_ Postal code \_\_\_\_\_

Street and number: \_\_\_\_\_

Name of Occupancy Right Holder: \_\_\_\_\_

Date Occupancy Right Holder acquired occupancy right (if known): \_\_\_\_\_

Allocation Right Holder (if known): \_\_\_\_\_

**3 - Fill in data relating to Claimant's current address:**

City (including municipality): \_\_\_\_\_ Postal code \_\_\_\_\_

Street and Number: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**4 - Fill in data relating to Authorised Representative or contact person (if applicable):**

Name of Authorised Representative or contact person: \_\_\_\_\_

City (including municipality): \_\_\_\_\_ Postal code \_\_\_\_\_

Street and Number: \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

**5 - Statement on claim for the repossession of the apartment and date of intended return:**

I wish to return to the apartment described in section 2 above on (day/month/year) \_\_\_\_\_ and hereby claim the repossession of this apartment by that date.

I, by my signature, confirm that I was the occupancy right holder at the time the apartment claimed was declared abandoned, or a member of his/her household at that time, or that I am the authorised representative of the occupancy right holder or household member.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
                    Claimant / Authorised Representative

**Supporting Documentation (see back of form)**

### **Supporting Documentation:**

The claimant shall attach a copy of one or more of the following documents supporting the claim:

1. The contract on the use of the apartment;
2. A contract on the exchange of the apartment;
3. A court decision confirming the occupancy right;
4. A decision of the responsible administrative body replacing the contract on the use of the apartment.

If the Claimant is a member of the household of the occupancy right holder, he or she shall provide, a copy of his or her Registration of Residence at the claimed apartment or a certificate on change of address.

If the Claimant is unable to produce the documentation referred to above, the Claimant should attach other documentation supporting the claim, such as a decision declaring the apartment abandoned, or allocating the apartment for temporary use to another person, registration of residence, utility bills or statements of witnesses.

Federal Ministry of Urban Planning and Environment  
Instruction on the Application of Article 4 of the  
Law on Abandoned Apartments  
No. D/02-21-1139/98  
Sarajevo, 30 April 1998.

MINISTAR  
**Ibrahim Morankic**