

Contergan Foundation  
An den Gelenkbogenhallen 2 - 6  
50679 Cologne  
Germany

## Discounting application

pursuant to § 13 of the Contergan Foundation Act (Conterganstiftungsgesetz, ContStifG)

I hereby apply for the discounting of my monthly pension:

(Partial) amount:

Duration:  Year/years (minimum 1 year - maximum 5 years)

### Personal details:

Surname:	<input type="text"/>
First name:	<input type="text"/>
Address as registered:	<input type="text"/>
Country:	<input type="text"/>
Date of birth:	<input type="text"/>
Reference number:	<input type="text"/>

### Contact information:

Telephone/mobile no.:	<input type="text"/>
E-mail address:	<input type="text"/>

[Privacy Policy](#)

**Please complete:**

Reason for the discounting

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Costs	
Total discounted amount	

**I have attached the following documents or will submit them as soon as I have them:**

- Cost breakdown, quote, non-binding preliminary agreement or purchase offer
- Confirmation by the lender of the amount and use of the loan, information on the amount of remaining debt and due date calculation by the lender

The German version is legally binding.

**Note:**

An application for a lump sum discounted settlement is only ruled on following a verification process. As long as the notice of approval has not been delivered, binding contracts that you intend to fulfil with the lump sum settlement are concluded at your own risk.

I assure that the information I have provided in this application is correct and complete. I will inform the Foundation in a timely manner if any changes arise. I have read the note above.

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(Place, date)

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(Signature of applicant)

**For officially appointed carers for financial matters**

**Declaration of the carer appointed for financial matters:**

I submit the application above in the name of the person in my care.

Name of the person in my care:

I have attached the proof of my authorisation to act as carer of the interests of the person named above as an **attachment in the original or as a certified photocopy** (carer ID or similar).

**Contact information of the carer:**

Surname:

First name:

Address as registered:

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(Place, date)

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(Signature of the carer)