

Application for reimbursement of damaged EUR/DEM banknote(s)/coin(s)

Mark with a cross ☒ or complete

Deutsche Bundesbank

Germany

Appendices and additional requirements

Where harmful/allergenic substances are involved:

Details regarding nature and harmfulness of substance(s)

When submitting pre-marked banknotes:

Attestation from investigating authority
 Please place banknotes into individual film pockets

Banknotes damaged by anti-theft devices:

[Package according to guidelines](#)
 Material safety data sheet

BBk ref.

(For BBk use only)

1. The claimant

BMS customer number _____

or

Form of address Surname or company/authority

First name

Street, house number or PO box

Postal code

City, (Country only if application from overseas)

Email¹

Telephone number¹

2. Requests

in their own name² on behalf of BMS customer no²:

on behalf of the account holder specified below from whom I have written authorisation:

Form of address Surname or company/authority

First name

Street, house number or PO box

Postal code

City, (Country only if application from overseas)

3. exchange of the enclosed

banknotes in the amount of _____

coins in the amount of approx. _____

4. by means of

cash settlement at a Bundesbank branch _____

credit transfer to the following account IBAN _____

Account holder (if different from claimant) _____

5. Details of damage³

6. Supplementary declarations

- I/We confirm receipt of the attachment to the reimbursement application. I/we accept and endorse the declarations regarding the completeness and accuracy of the information provided as well as the declaration for claimants domiciled abroad, with their habitual residence, registered office or management board located outside the Federal Republic of Germany.
- The privacy notice relating to applications for reimbursement of damaged banknotes and coins is available online on the Bundesbank's website at: <https://www.bundesbank.de/en/tasks/cash-management/damaged-money/privacy-notice-785132>

Place, date

Claimant's signature

¹ Optional: providing an email address and/or telephone number can help to resolve queries faster.

² Please also complete the name and address fields.

³ Mandatory: you must provide details as to what caused the damage.

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1. The claimant

BMS customer number _____

or

Form of address _____ Surname or company/authority _____

First name _____

Street, house number or PO box _____

Postal code _____

City, (Country only if application from overseas) _____

Email¹ _____

Telephone number¹ _____

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in their own name on behalf of BMS customer no²:

on behalf of the account holder specified below from whom I have written authorisation:

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Place, date _____

Claimant's signature _____

| (For BBk use only) | | Bundesbank credit transfer (same-day euro credit transfer) | | |
|--------------------|----------------------|--|----------------------|----------------------|
| EUR | <input type="text"/> | <input type="text"/> | <input type="text"/> | Account No 860 02610 |
| Date | Amount determined | Check [signed off by] | Proof of processing | BMS operation number |

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BMS customer number _____

or

Form of address Surname or company/authority First name

Street, house number or PO box Postal code City, (Country only if application from overseas)

Email¹ Telephone number¹

2. requests

in their own name on behalf of BMS customer no²: _____ on behalf of the account holder specified below from whom I have written authorisation:

Form of address Surname or company/authority First name

Street, house number or PO box Postal code City, (Country only if application from overseas)

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Receipt of application confirmed

Branch's date stamp

Signature

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Attachment to application for reimbursement of damaged banknotes and coins

Declarations by the claimant

1. Declaration of completeness

To ensure the orderly processing of a reimbursement application, I/we must provide complete and accurate information regarding, amongst other things, the cause of the damage and, where applicable, the whereabouts of missing pieces of the banknotes/coins. These circumstances are relevant to the reimbursement decision. By providing detailed information, I/we will avoid having to respond to follow-up questions and thus prevent unnecessary delays in processing the application. If I/we do not provide such assistance in clarifying the situation and it would be possible and reasonable for me/us to do so, this may mean that the Deutsche Bundesbank will not take account of facts that would be favourable to me/us in its decision.

In light of these circumstances, I/we confirm that the information I/we have provided is correct, complete and accurate. This also applies if an employee of the Bundesbank has filled in the reimbursement application based on the information provided by me/us and has given me/us the application to sign and submit.

2. Declaration for claimants domiciled abroad, with their habitual residence, registered office or management board located outside the Federal Republic of Germany

Instruction to name an authorised recipient (Section 15 of the Act on Administrative Procedures (*Verwaltungsverfahrensgesetz*)):

In submitting a reimbursement application, I/we confirm that, in view of my/our place of domicile, habitual residence, registered office or management board being located outside the Federal Republic of Germany, the Bundesbank has instructed me/us to name an authorised representative in the Federal Republic of Germany no later than two weeks after the date of application and to send this name in writing to Deutsche Bundesbank, Nationales Analysezentrum, Postfach 3009, 55020 Mainz, Germany, or email it to bbar@bundesbank.de, making reference to the application. I/we are aware that a letter addressed to me/us is deemed to have been received seven days after sending if I/we do not name an authorised recipient in the Federal Republic of Germany. I/we are also aware that this does not apply if it is evident that the document did not reach me/us or reached me/us at a later date.