

CLAIM FOR PFAS-RELATED LOSS OR DAMAGE

This form is to assist an individual or business to make a claim for compensation if they consider that they have suffered loss or damage as a consequence of the detection of per- and poly-fluoroalkyl substances (PFAS) on or around Defence sites.

Following receipt of this form, the Department of Defence (**Defence**) will assess whether it is liable for any of the loss or damage you claim, in accordance with the Attorney-General's *Legal Services Directions 2017* (Cth).

You may be requested to provide further information and evidence to support your claim.

Instructions

1. Please complete all relevant sections of this form and enter "N/A" in any section that is not applicable to indicate that the question has been considered and completed.
2. The form can be printed and signed by hand or signed digitally in Adobe Acrobat.
3. Please return the form by either submitting the online form, emailing the PDF to **dl.specialcounsel@defence.gov.au** or by posting a printed hard-copy to:

Office of the General Counsel – Dispute Resolution & Litigation
Defence Legal Division
CP2-4-061
PO Box 7911
Canberra ACT 2610

Questions

If you have any questions regarding the completion of this form, please contact the Office of the General Counsel – Dispute Resolution & Litigation by email or post, on the addresses listed above.

Part A: Personal details

If you wish to make a claim on behalf of more than one family member, please include your additional family members' details in Part C.

1. Your title (*please select one*): **Mr** **Mrs** **Ms** **Miss** **Other** _____

2. Your surname (family name)

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3. Your given name(s)

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4. Residential address

State:	Postcode:

5. Postal address (*if same as residential address, write 'as above'*)

State:	Postcode:

6. Contact details

Contact Phone number: ()	Alternative contact number:
Email address:	

7. What is your preferred method of contact? (*please select one*): **post** **email**

8. Are you a member of a Class Action? (*please select one*): **yes** **no**

9. If your answer to the above is “no”, are you otherwise legally represented? (*please select one*):
yes no

10. If your answer to the above is “yes”, who is your legal representative?

11. If your claim is in relation to a business, what is the business name, ABN or ACN, and what is your position in the business? *Please note we can only consider claims in relation to businesses from officers who are authorised to make claims on behalf of the business.*

12. If your claim is in relation to your property, are you the (*please select one*):

Owner Occupier Both Other _____

13. If you own the property:

a. What is the Title Reference Number for the property? *Please provide a copy of the Title document if you have one.*

b. When did you purchase the property?

c. How much did you purchase the property for?

14. Have you, or a person on your behalf, received any assistance from the Commonwealth in relation to PFAS contamination (e.g. financial assistance under the Income Recovery Subsidy Scheme for commercial fishers in NSW)?

Part B: Claim details

15. List the loss or damage that you and/or the business you represent has suffered as a result of the detection of PFAS on or around Defence sites. Please **enclose documentary evidence** to support your claim (e.g. receipts, tax returns, valuation reports, ledgers, bank statements, PFAS test results).

If there is insufficient space to complete your answer, use the Part C at the end of this form or attach additional documents.

16. What is the total amount you are seeking for this loss or damage?

\$

17. Please specify how this amount is calculated.

<i>DESCRIPTION OF CLAIMED ITEM</i>	<i>AMOUNT</i>
	\$
	\$
	\$
	\$
	\$

Part C: Other details

18. Please use this Part to include any details you were unable to fit in previous sections or if there are any other factors that you believe are important and have not yet been mentioned in this form.

Declaration

I declare that to the best of my knowledge and belief, the information that I have supplied in or attached to this claim is accurate and true, and that all relevant information has been included. (The form can be printed and signed by hand or signed digitally in Adobe Acrobat.)

Signature of applicant(s)

Date

Signature of applicant(s)

Date

Privacy Notice

The collection of this information is necessary for Defence to assess your claim against the Commonwealth for loss or damage suffered as a consequence of the detection of PFAS on or around Defence sites.

In addition to the information collected on this form, Defence may require further information from you. Any information you provide to Defence for this purpose is done so voluntarily, however if you do not complete a required section of this form, or you provide incomplete or inaccurate information, Defence may be unable to progress your claim.

Your personal information may also be disclosed to the Attorney-General's Department. Your personal information will not be disclosed to overseas recipients.

The Defence Privacy Policy (<https://www.defence.gov.au/governance/defence-privacy-policy>) contains information about how you can access your personal information and seek correction of that information. The Defence Privacy Policy also contains information about how you may submit a complaint if you are of the view that Defence has misused your personal information. If you have any concerns about how your personal information is being handled, you may contact the Defence Privacy Office by emailing defence.privacy@defence.gov.au