

# Address Registration Permission Form

Declaration primary occupant/owner

**I, the undersigned,**

Surname \_\_\_\_\_

First name(s) \_\_\_\_\_

Date of birth (dd-mm-yyyy)  -  -  Phone number \_\_\_\_\_

**owner/primary occupant of the following address:**

Address \_\_\_\_\_

Postcode and city/town \_\_\_\_\_

**declare that:**

- the person/persons listed below live(s) or will live at my address ;
- the person/persons listed below has/have my permission to register at my address and;
- I will inform the municipality as soon as possible should there be any changes to their address.

| Surname | First name(s) | Date of birth (dd-mm-yyyy)   |
|---------|---------------|--|
| _____   | _____         | <input type="text"/> - <input type="text"/> - <input type="text"/> |
| _____   | _____         | <input type="text"/> - <input type="text"/> - <input type="text"/> |
| _____   | _____         | <input type="text"/> - <input type="text"/> - <input type="text"/> |
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| _____   | _____         | <input type="text"/> - <input type="text"/> - <input type="text"/> |
| _____   | _____         | <input type="text"/> - <input type="text"/> - <input type="text"/> |

**Signature**

I hereby declare the above information is true.

Signature \_\_\_\_\_ Place \_\_\_\_\_

\_\_\_\_\_ Date (dd-mm-yyyy)  -  -

**Please note: a copy of the identity card or passport of the undersigned must be presented along with the completed and signed declaration.**

**Bring this form to your appointment at:**

Utrecht International Center  
Stadskantoor | Second floor  
Stadsplateau 1 | 3521 AZ | Utrecht  
The Netherlands

