

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"/>
_____	_____	<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"/>

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:

International Welcome Centre Utrecht Region
Stadskantoor | Second floor
Stadsplateau 1 | 3521 AZ | Utrecht
The Netherlands

**International
Welcome Centre**



Utrecht Region