

Written confirmation of the main occupant/homeowner

First names in full

Last name

This form must be filled in and signed by the main occupant/homeowner

Leiden International Centre Bargelaan 190 2333 CW Leiden

+31 (0)71 516 60 05 leideninternationalcentre.nl info@leideninternationalcentre.nl

The undersigned, main occupant/ homeowner of the address

Date of birth	day month year	Place of birth
Street name		House number
Postal code		Place of residence
	that the person mention	oned below lives at his/her address*
First names in full		
Last name		
Date of birth	""	Place of birth
	day month year about you living at this residential addr part of this investigation in order to att	ess, the municipality will start an investigation. ain the actual address.
Signed by the Completed truthfully	ne main occupant/hom	eowner
Place		
Date	day month year	Signature
occupant/homeov	opy of a valid passport or identity card vner when submitting this written confi	