

# Resettlement from abroad



Please indicate where you are resettling:

- Amsterdam  Amstelveen  Almere  Diemen  Haarlemmermeer  Hilversum  Velsen  
 Haarlem

## 1. Personal details & former address

Surname \_\_\_\_\_ Sex  M  F

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

Date of birth -- Place of birth \_\_\_\_\_

Burger service-nummer (BSN) \_\_\_\_\_

Civil status  single  married  divorced  widowed  civil partnership

Email address \_\_\_\_\_

Telephone number \_\_\_\_\_

Previous country of residence:

\_\_\_\_\_

## 2. Address in the Netherlands

Date of of resettlement --

Please note:  
PO boxes not permitted

New address:

Street \_\_\_\_\_ House number \_\_\_\_\_

Postcode \_\_\_\_\_ City/Town \_\_\_\_\_

## 3. Declaration also applies to

Please mention all family members that will be moving to the same address with you, such as your partner and/or children. Adult co-occupants who will move to a different address or have moved from a different address must complete a separate form.

Please list all other persons moving to the new address with you

Surname	First name(s)	Date of birth	Place of birth	Burger service-nummer (BSN)	Sex	
_____	_____	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> spouse
_____	_____	_____	_____	_____	<input type="checkbox"/> F	<input type="checkbox"/> registered partner
_____	_____	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> (step-/foster) children
_____	_____	_____	_____	_____	<input type="checkbox"/> F	<input type="checkbox"/> spouse
_____	_____	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> registered partner
_____	_____	_____	_____	_____	<input type="checkbox"/> F	<input type="checkbox"/> (step-/foster) children
_____	_____	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> spouse
_____	_____	_____	_____	_____	<input type="checkbox"/> F	<input type="checkbox"/> registered partner
_____	_____	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> (step-/foster) children
_____	_____	_____	_____	_____	<input type="checkbox"/> F	<input type="checkbox"/> spouse

