

## **Declaration of relocation**

O Settling   O (	OMESTIC MOVE		J emigra	TION eeeeeeeeeeeeeeeee
Moving date				
Genus name and prefixes First names (in full):				
Date/place of birth:				
Citizen service number (BSN):				
Old adress				
Postal code/Residence:				
Municipality:				
People left behind:	OnoO	yes,namely		
New address				
Postal code/Residence:				
Municipality:				
Phone number/email address:				
The people below are also mo	ving with us			
Name		Citizen service nu	mber (BSN	) Date of birth
		l		
The declaration was made by:				
Declaration date:				
Signature(s):				
oignature(3).				
(Cohabiting partners ( <b>not</b> married / regi	istered partnership) m	nust both sign this for	m)	
Certificate of occupancy: (if a			<u>,</u>	
The undersigned hereby gives p	• •	above-mentione	d person(s	s) to reside at
her/his address:				,
Genus name and prefixes:				
First names (in full):				
Date/place of birth:				
Signature:				
(All persons who sign this tidentity)	form must subi	nit a copy of a	valid pro	oof of
To be completed by Civil Affairs	of the municipality	ty of Uithoorn:		
Accepted by:	On:	Initials:	_ Check G	BA-V O