

\_\_\_\_\_, \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
PLACE DD MM YYYY

## WRITTEN CONSENT

I, \_\_\_\_\_, \_\_\_\_\_, born on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_,  
LAST NAME NAME DD MM YYYY  
in \_\_\_\_\_, citizen of \_\_\_\_\_, hereby consent that  
STATE STATE  
the Authorities of \_\_\_\_\_ examine my application for international  
EU+ STATE  
protection according to article \_\_\_\_\_ of Regulation (EU) no. 604/2013 of the  
ART.  
Parliament and of the Council of the European Union of 26 June 2013.

I wish to be reunited with my \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
TYPE OF RELATIONSHIP LAST NAME NAME  
born on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, in \_\_\_\_\_, citizen of \_\_\_\_\_.  
DD MM YYYY STATE STATE

The consequences of this consent have been thoroughly explained to me.

Signed by:

The applicant \_\_\_\_\_  
SIGNATURE

Legal Guardian \_\_\_\_\_, \_\_\_\_\_  
LAST NAME NAME SIGNATURE