

\_\_\_\_\_, \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
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 the application for international  
EU+ STATE

protection of my \_\_\_\_\_, born on  
TYPE OF RELATIONSHIP LAST NAME NAME

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, in \_\_\_\_\_ citizen of \_\_\_\_\_, according  
DD MM YYYY STATE STATE

to the provisions of Regulation (EU) no. 604/2013 of the Parliament and of the  
Council of the European Union of 26 June 2013.

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

Signed by:

\_\_\_\_\_  
SIGNATURE