

TO WHOM IT MAY CONCERN

I, the undersigned,

Identity of Declarant	
Nationality:.....	Address:.....
Surname:.....
Name(s):.....
Date of birth:.....	Province/Region:.....
Place of birth:.....	Post code:.....
Passport/civil ID no:.....	Mobile no:.....
Resident in:.....	Occupation:.....

with the present document declare that the following member of my family

Identity of Member of family	
Nationality:.....	Address:.....
Surname:.....
Name(s):.....
Date of birth:.....	Province/Region:.....
Place of birth:.....	Post code:.....
Passport/civil ID no:.....	Mobile no:.....
Resident in:.....	Occupation:.....

will travel with me /or join me in Europe

For the period from:.....to:.....

For reasons of:.....

Relationship (*Spouse, Child, Dependent parents*):.....

Place:..... **Date:**.....

Signature of Declarant: