



DECLARATION: INTERVENTION OF UNHCR STAFF MEMBER

Case number CGRS:

Please send this document completed, dated and signed to the CGRS:

By post Office of the Commissioner General for Refugees and Stateless Persons
Helpdesk lawyers, trusted persons and UNHCR
Rue Ernest Blerot 39
1070 BRUSSELS

By fax 02 205 50 07

By e-mail CGRA-CGVS.Advocate@ibz.fgov.be

Or hand in this form completed, dated and signed at the Helpdesk lawyers, trusted persons and UNHCR. This Helpdesk is open every working day from 9 a.m. to 12.30 a.m. and from 2 p.m. to 4 p.m.

I the undersigned:

.....
UNHCR staff member (delete as appropriate)

Contact address:

Address:

Postal code: - Municipality:

Phone number:

Hereby declare to assist:

Name and first name of the asylum seeker(s):

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During the processing of the asylum application at the Office of the Commissioner General for Refugees and Stateless Persons.

Date Signature

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