



Immigration and Naturalisation  
Service  
*Ministry of Asylum and Migration*

## Application for extension of residence permit for temporary humanitarian and permanent humanitarian (foreign national)

### ***Please note!***

Please print the form in **A4 format** and in **actual size**. You must send this cover page with the application. This prevents delays in processing your application!

*Please read the explanation below before you start filling in the form.*

### **Filling-in instructions**

In order to be able to assess your application quickly and carefully in terms of content, the Immigration and Naturalisation Service uses scanning software with which your application is recorded in the immigration administration system. To support this, this form is equipped with a number of features, including a barcode and so-called "adjustment fields" in the corners of each page. The following is important for a good scan of your application:

1. When filling out this form, use only an HB pencil or pen with black or blue ink.
2. Write only in the space provided behind or below each question. Do you need more space? Then add a separate page on which you state your personal data and indicate to which question the added text belongs.
3. When you are presented with a choice where you have to choose between different answer options, keep the following instruction.

Check the box of your choice (as with "b")

a...  b...  c...  d...

You want to change your choice? Then make the box of your first choice completely black and then tick the desired box.

a...  b...  c...  d...



## **For whom is this form intended?**

You can use this form if you are a foreign national who has a temporary regular residence permit with the purpose of residence of temporary or permanent humanitarian grounds.

You can use this form in order to submit an application to extend the period of validity of the residence permit for one of the following purposes of residence:

- Residence in connection with trafficking in human beings;
- Residence for foreign nationals who cannot leave through no fault of their own;
- Residence for repatriation on grounds of the Repatriation Act;
- Residence while awaiting the application to grant your Dutch citizenship;
- Residence in connection with medical treatment;
- Residence because of a child protection measure (a family supervision order or after ending the parental custody by the juvenile court);
- Residence because of placement in a foster home or institution in the Netherlands on grounds of the 'Hague convention on protection of children';
- Residence on the grounds of the Final Regulation for long-term resident children;
- Residence on grounds of other humanitarian reasons;
- Continued residence;
- Residence on grounds of re-entry;
- Residence for the purpose of carrying out private life on grounds of Article 8 of the ECHR;
- If you have a residence permit due to exceedance of the statutory decision period of the asylum procedure, then you can also use this form to extend the validity of the residence permit. In that case, under '2 Choose the purpose of residence', tick the following box: 'Residence on grounds of other humanitarian reasons (308)'.

## **Why use this form?**

The Immigration and Naturalisation Service (IND) sends, approximately

3 months before the validity of the current residence permit expires, a service letter to notify you about the expiration date of your residence permit. The letter states that you have the possibility to extend your residence permit online via the website. For more information check "Apply online" on [www.ind.nl](http://www.ind.nl). Can you or do you prefer not to submit the application online? You can then use this form..

Make sure that the IND receives this application in time. Therefore submit the application before the validity of your current residence permit expires. Please note! Do not submit the application later than 4 weeks after the expiry date of the residence permit. This is important to prevent you encountering a residence gap. A residence gap is an interruption in your residence. This has consequences for any subsequent procedures. Do not submit an application if the residence permit is still valid for more than 3 months. The IND will disregard an application which is submitted earlier than 3 months before the expiration date of the residence permit.

The IND assesses the application and decides whether you are eligible for extension of the period of validity of your residence permit. Whether and for how long the period of validity of the residence permit is extended depends on your situation. You will only be considered for an extension if:

- you have a valid temporary Dutch residence permit at the moment; and
- you want to extend the residence permit for the same purpose of residence; and
- there are no changes to the situation that would affect the right of residence.

## **How do you fill out this form?**

This form comprises different appendices. Which appendices you need to fill out depends on your own situation. Only submit your application once you have completed filling out this form, signed and you have gathered together all the requested documents and evidence. If your application is incomplete, the IND will be unable to assess your application properly.

## **Processing of personal data**

The Immigration and Naturalisation Service (IND) processes personal data when it processes your application, notification, or request. This means that if needed the IND will request data from you yourself and other organisations or persons. The IND also uses and stores data and shares them with other organisations. When doing so, the IND strictly adheres to the stipulations of privacy legislation. For instance, the IND must treat data safely and with due care. The law also gives rights. At your request, you are allowed to see which data on you the IND processes. You can also get information on why the IND does so and to whom your data have been passed on. On [www.ind.nl](http://www.ind.nl) you can read how the IND processes your data and which rights you have. You can also read how to use your rights.

## **Would you like more information?**

Then visit the IND website at [www.ind.nl](http://www.ind.nl). You can also contact the IND by telephone via 088 043 04 30 (normal charges apply). From abroad you can call +31 88 043 04 30.

# **1 Declarations**

## **1.1 Declaration of Circumstances**

*Please tick the applicable situation(s).*

*This relates to changes that may affect the right of residence. Always enclose means of evidence together with your application.*

- Since the current residence permit was issued, there have been no changed fact or circumstances that might affect your right of residence.
- Since the current residence permit was issued, there have been changes to the facts and circumstances that might affect your right of residence, namely:
  - Your income situation has changed  
*> Enclose the means of evidence cited in the 'Proof of income' appendix.*
  - Other, namely:

## **1.2 Declaration of Passport requirement**

*> Please tick the applicable situation and fill in the details requested, if applicable.*

- I declare that I have a valid passport.

Passport information                      *Number*

*Country*

*Valid from*

<i>Day</i>	<i>Month</i>	<i>Year</i>		

*to*

<i>Day</i>	<i>Month</i>	<i>Year</i>		

- If I am issued with a new residence permit, then I will take this passport with me when I go to collect my new residence pass. Without a valid passport your residence document will not be issued to you, unless you are exempted from the passport requirement.

- If you were exempted from the requirement of having a valid passport at the time of issue of the current permit, or you were temporarily exempted from this requirement, then you must hand over a copy of your valid passport (if you have taken possession of this passport in the meantime), or enclose a declaration showing that there are no changed circumstances and that you still cannot receive a valid passport from the authorities.
- If you have a residence permit on grounds of residence as a foreign national who cannot leave the Netherlands through no fault of your own, then you are not required to complete this declaration.

### 1.3 Main residence

> Please tick the applicable situation and fill in the details requested, if applicable.

- Since the start date of my current residence permit, I have been outside the Netherlands for a period of more than 6 months consecutively. Please enter the country and period below.
- Since my stay in the Netherlands, for 3 years in a row, I have been outside the Netherlands for a period of more than 4 months consecutively. Please enter the countries and periods below.
- Neither of the above situations.

Country \_\_\_\_\_

Period from	Day	Month	Year			
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to	Day	Month	Year			
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Country \_\_\_\_\_

Period from	Day	Month	Year			
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to	Day	Month	Year			
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Country \_\_\_\_\_

Period from	Day	Month	Year			
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to	Day	Month	Year			
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## 2 Choose the purpose of residence

### **Choose the purpose of residence of the permit for which you want to extend the period of validity.**

You can only extend one residence permit with this form. If several family members want to extend their residence permits, then every family member must complete a separate application form. If you choose more than one purpose then (possibly) your application will be no longer valid. If you are in doubt, then contact the IND. Do not submit your application if you are not sure whether you and the foreign national comply with the conditions. Visit the IND website at [www.ind.nl](http://www.ind.nl) for the conditions for extending the residence permit.

> *Please tick the applicable situation*

You have a residence permit for:

- Residence while awaiting the application to grant your Dutch citizenship (361)
- Residence in connection with medical treatment (410)
- Residence because of a family supervision order by the juvenile court (temporary humanitarian) (424)

> Proceed to 3 'Means of evidence'

- Residence in connection with trafficking in human beings (420)
- Residence for foreign nationals who cannot leave the Netherlands through no fault of their own (488 - 491)
- Residence for repatriation on grounds of the Repatriation Act (364)
- Residence because of placement in a foster home or institution in the Netherlands on grounds of the
- 'Hague convention on protection of children' (398 - 399)
- Residence on the grounds of the Final Regulation for long-term resident children (473 - 474)
- Residence on grounds of other humanitarian reasons (308)
- Continued residence (non-temporary humanitarian grounds) (301, 302, 303, 305)
- Residence on grounds of re-entry (360)
- Residence for the purpose of carrying out private life on grounds of Article 8 of the ECHR (648)

> *Proceed to 4 'Biometric information, signature and Antecedents certificate'*

## 3 Means of evidence

**By 2 you ticked the box indicating that you want to extend the period of validity of your residence permit for the purpose of residence 'residence while awaiting the application to grant your Dutch citizenship' (361)**

Please enclose the following, together with your application if the District Court of The Hague has given a decision: a copy of your notice of appeal with the Court of Cassation.

**By 2 you ticked the box indicating that you want to extend the period of validity of your residence permit for the purpose of residence 'residence in connection with medical treatment' (410)**

Please enclose the following means of evidence with your application:

- A 'proof of your medical situation' appendix that has been completed and signed by your physician. This proof may not be more than 6 weeks old. If, due to the course of time, the proof becomes more than 6 weeks old after it has been submitted, no new proof relating to your medical situation will need to be submitted. Changes to your medical situation, however, which may be important to the decision that will be made, must be made known through new proof relating to your medical situation. If you are being treated by more than one physician, then every physician must complete and sign a separate appendix.
- The 'Medical Information Disclosure Consent Form' appendix completed and signed by you. This appendix may not be older than 6 months. If you are being treated by more than one physician, then a separate Declaration of Consent must be provided for every physician.
- Your relevant medical details from your doctor(s) in reaction to the letter of explanation from the Medical Advisors Office (BMA). To do so you will need to give the letter (with explanation) from the Medical Advisors Office (BMA) to your Mental Healthcare Association (GGZ) doctor, general practitioner and/or specialist (therefore not a letter with questions composed by someone else). These letters with explanation from the Medical Advisors Office (BMA) can be found in the appendix 'Explanation and means of evidence medical circumstances'. Therefore you should use this appendix. If you do not provide all the details that have been requested, or if these are incomplete, then your medical situation cannot be assessed.
- Proof of insurance for the health costs that will be incurred in the Netherlands or other evidence showing that financing the costs of medical treatment has been satisfactorily arranged
- Means of evidence showing that you have sufficient means of support for your living expenses during your stay in the Netherlands

*If you do not have sufficient means of support yourself, then include with your application:*

- Proof of income of the person who is financing your stay and also possibly that of his or her spouse or (registered) partner, see 'Proof of income' appendix.
- A copy of the passport of the person who is financing your stay. If he or she does not have Dutch citizenship then you can submit a copy of the front and reverse sides of the residence permit, or of all pages of the cross-border document in which the residence permit is registered of the person who is financing your stay.

**By 2 'Choose the purpose of residence' you ticked the box indicating that you want to extend the period of validity of your residence permit for the purpose of residence 'residence because of a family supervision order by the juvenile court. (424)**

### **Extension of residence permit for 'temporary humanitarian' (424)**

Please enclose the following means of evidence with your application if you are applying for a residence permit for the purpose of residence 'temporary humanitarian' due to a family supervision order by the juvenile court:

- A copy of the decision of the juvenile court whereby the family supervision has been imposed or extended; and
- the most recent report showing which care you need. This can be:
  - the report of the Dutch Child Care and Protection Board (de Raad voor de Kinderbescherming), or
  - the report of the certified institution.

## 4 Biometric information, signature and Antecedents certificate

- You must have your fingerprints and facial image (passport photo) taken to determine your identity. The biometric information is also required to create a residence permit. For the residence permit the IND also needs a signature. See the appendix Fingerprints, passport photo and signature.
- Fill out the Antecedents certificate appendix and submit this appendix together with your application.

## 5 Your personal details

*Write in block letters*

5.1 V-number (if known) \_\_\_\_\_

5.2 Citizen Service Number (if known) \_\_\_\_\_

5.3 Name  
(as stated in the passport) *Surname*  
\_\_\_\_\_  
*First names*  
\_\_\_\_\_

5.4 Sex  
 Male  
 Female

5.5 Date of birth *Day*      *Month*      *Year*  
\_\_\_\_\_

5.6 Place of birth \_\_\_\_\_

5.7 Country of birth  
(as stated in the passport) \_\_\_\_\_

5.8 Nationality \_\_\_\_\_

5.9 Civil status  
 unmarried (single or living together)  
 married  
 registered partnership  
 divorced  
 widow/widower

5.10 Home address *Street*  
\_\_\_\_\_

*Number*  
\_\_\_\_\_

*Postcode*  
\_\_\_\_\_

*Town*  
\_\_\_\_\_

*Country*  
\_\_\_\_\_

5.11 Telephone number \_\_\_\_\_

5.12 E-mail \_\_\_\_\_

## 6 Signing

- ✓ I am requesting the Immigration and Naturalisation Service (IND) to extend the period of validity of the residence permit.
- ✓ I declare I have completed this form truthfully.
- ✓ I know that the personal details supplied will be processed in connection with the Aliens Act 2000 and will be passed on to authorities that need these personal details for that purpose.
- ✓ I will pass on any changes to the situation, which will affect the right of residence, without delay to the IND. I am aware that if I do not do this, it may affect the position of my right of residence, or that an [administrative fine](#) might be incurred.

6.1 I submit this form and \_\_\_\_\_ (number) of appendices/documents in evidence.

6.2 Name \_\_\_\_\_

6.3 Place and date *Place* \_\_\_\_\_

<i>Day</i>	<i>Month</i>	<i>Year</i>			

6.4 Signature \_\_\_\_\_

## 7 Submitting the application and payment

You have gathered together all the means of evidence necessary for the application. Proceed to the appendix 'Submitting and paying for the application for extension'.



## Appendix Antecedents Certificate

### Who should complete this appendix?

Pursuant to Articles 3.77, paragraph 11 and 3.86, paragraph 18 of the Aliens Decree, every foreign national aged 12 years or older must complete this appendix.

*Please note!* This statement consists of 2 pages. You must complete **both** pages.

### 1 Declaration of the foreign national

On this form you fill in whether you have ever committed a crime or a criminal offence. These are crimes committed in the Netherlands and criminal offences committed outside the Netherlands. You must answer the questions with Yes or No. Not completing the form truthfully or failing to report is a criminal offence. This can lead to a sanction. Your answers may have consequences for your application or for a residence permit that you have previously received.

> Please tick the applicable situation

Are you currently being prosecuted for committing a crime in the Netherlands? Or for committing a criminal offence abroad?  Yes  No

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Have you ever been sentenced to a fine, community service, penalty order by a public prosecutor, custodial measure or imprisonment or have you accepted an out-of-court settlement for committing a crime in the Netherlands? Or have you ever been convicted of committing a criminal offence abroad?  Yes  No

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Have you ever committed a crime, or have you been involved in a crime as referred to in Article 1F of the 1951 Geneva Convention on Refugees? Like a murder, war crime, genocide, terrorist crime or crimes against humanity?  Yes  No

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Have you received an entry ban from one of the countries of the EU/EEA or Switzerland?\*  Yes  No  
Or a measure similar to an entry ban?

\* This is a ban on travel to the Netherlands, the EU / EEA or Switzerland.

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Have you submitted incorrect data during earlier residence procedures in the Netherlands?  Yes  No

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Have you ever stayed illegally in the Netherlands?  Yes  No

> Have you ticked Yes for one or more questions? Then explain why.

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## 2 Signature of the foreign national

- ✓ I have completed this form truthfully.
- ✓ I know that the IND can reject my application or withdraw my residence permit if I have ever been convicted of committing a crime.
- ✓ If something changes in my situation through which my statements on this form are no longer correct, I will notify the IND as soon as possible. I do this within four weeks after the change in my situation.

2.1 V-number (if known)

2.2 Name

2.3 Date of birth  Day  Month  Year

2.4 Place and date  Place

Day  Month  Year

2.5 Signature

### Processing of personal data

The Immigration and Naturalisation Service (IND) processes personal data when it processes your application, notification, or request. This means that if needed the IND will request data from you yourself and other organisations or persons. The IND also uses and stores data and shares them with other organisations. When doing so, the IND strictly adheres to the stipulations of privacy legislation. For instance, the IND must treat data safely and with due care. The law also gives rights. At your request, you are allowed to see which data on you the IND processes. You can also get information on why the IND does so and to whom your data have been passed on. On [www.ind.nl](http://www.ind.nl) you can read how the IND processes your data and which rights you have. You can also read how to use your rights.



## Appendix Fingerprints, passport photo and signature

***Please do not enclose this appendix with the form!***

For every new application you submit, the IND needs your photo, signature and fingerprints. The IND uses these biometric details to establish your identity and make your residence document. We do not need new biometrics in the following situations:

- Your biometrics have been taken at an IND desk or embassy abroad less than 6 months ago.
- You apply for a Foreign Nationals Identity Document (Type W and Type W2). Your biometrics have been taken at an IND desk or embassy abroad less than 5 years and 3 months ago. With a Foreign Nationals Identity Document you show that you are allowed to be in the Netherlands because you are waiting for a decision on your application. The IND then reuses old biometric details.

In all cases, the foreign national must bring a valid passport (this can also be a foreign national passport or a refugee passport) or ID card of the EU, EEA or Switzerland.

### Situation: application starts when the foreign national is abroad

#### 1. Entry and Residence procedure

- The sponsor (in the Netherlands) will have submitted the application for a residence permit for the foreign national (who is still abroad).
  - When taking the basic civic integration examination abroad, the employee of the Dutch embassy or consulate will scan the passport photo of the foreign national and take his fingerprints. The foreign national must place his signature. The passport photo must comply with the requirements which also apply for Dutch passports. The embassy can inform the foreign national where he is able to have passport photos made locally, which comply with the relevant requirements. A photo that does not comply with the requirements will cause unnecessary delay.
  - If the foreign national does not have to take a basic civic integration examination abroad, the employee of the Dutch embassy or consulate will scan the passport photo of the foreign national and take his fingerprints when collecting the Regular Provisional Residence Permit (mvv). The foreign national must place his signature. The passport photo must comply with the requirements which also apply for Dutch passports. The embassy can inform the foreign national where he/she is able to have passport photos made locally, which comply with the relevant requirements. A photo that does not comply with the requirements will cause unnecessary delay.

#### 2. Application for a Regular Provisional Residence Permit (mvv) by the foreign national

- The foreign national has submitted the application for a Regular Provisional Residence Permit to the Dutch embassy or the consulate in the country of origin or long-term residence.
  - When submitting the application, the employee of the Dutch embassy or consulate makes a scan of the passport photo and takes the fingerprints. The foreign national must place his signature. The passport photo must comply with the requirements which also apply for Dutch passports. The embassy can inform the foreign national where he/she is able to have passport photos made locally, which comply with the relevant requirements. A photo that does not comply with the requirements will cause unnecessary delay.

#### 3. Application for temporary Regular Residence Permit for persons who do not require a Regular Provisional Residence Permit

- If an application is submitted in the Netherlands by a (recognised) sponsor for a foreign national who does not require a Regular Provisional Residence Permit, then the foreign national must go to an Immigration and Naturalisation Service (IND) desk immediately after arrival in the Netherlands. The Immigration and Naturalisation Service (IND) employee will make fingerprints and a passport photo and the foreign national will be required to place his signature. You have to make an online appointment via the website [www.ind.nl](http://www.ind.nl).



## **Situation: application starts when the foreign national is in the Netherlands**

### **1. The application is submitted by post**

- The foreign national or sponsor sends the application by post to the IND. He will then receive a letter from the IND. This letter states whether the foreign national must have his fingerprints taken and that he must have a passport photo taken and place his signature. For this, the foreign national makes an appointment online at an IND desk. The addresses and opening times of the IND desks can also be found on [www.ind.nl](http://www.ind.nl). If the application form notes that the foreign national will collect the residence permit at an expat centre, then he can also have a passport photo and his fingerprints taken there. Please check [www.ind.nl](http://www.ind.nl) for how to make an online appointment. The addresses and opening hours of the Expat Centres can be found at [www.ind.nl](http://www.ind.nl).

### **2. The foreign national submits the application in person**

- The foreign national submits the application personally at the IND desk. A passport photo is made at the desk and fingerprints are taken if necessary. The foreign national must also place his signature there. The application can only be submitted to the IND desk by appointment. To make an appointment, visit [www.ind.nl](http://www.ind.nl).

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## Appendix Employer's declaration

*Please note! Not completing this employer's declaration truthfully may be considered a crime (such as forgery) and may lead to filing a police report.*

One copy must be completed and signed for each employer. The application form states when and of which person(s) you must enclose the employer's declaration with your application.

*Please note! The IND may check the correctness of your enclosed wage, work and benefit details with another government agency (for example the Netherlands Employees Insurance Agency or the Tax and Customs Administration).*

### 1 Details of employee

**Write in block letters**

1.1 V-number (if known)

1.2 Name  
(as stated in the passport) *Surname*

*First names*

1.3 Sex  Male  
 Female

1.4 Date of birth *Day*  *Month*  *Year*

1.5 Place of birth

1.6 Country of birth  
(as stated in the passport)

1.7 Nationality

1.8 Home address *Street*

*Number*

*Postcode*

*Town*



## 2 Details of company/institution

*Write in block letters*

2.1 Name company/institution

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2.2 Chamber of Commerce number

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2.3 Withholding tax number

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2.4 Visiting address

*Street*

*Number*

*Postcode*

--	--	--	--	--	--	--

*Town*

## 3 Employment details

*Write in block letters*

3.1 Position of employee

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3.2 Date of employment

<i>Day</i>	<i>Month</i>	<i>Year</i>				
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3.3 Nature of the employment

- Permanent employment contract
- Temporary employment contract
- On-call contract
  - Zero hours contract
  - Contract with minimum-maximum hours
  - On-call contract with preliminary agreement
- Contract with an employment agency

ABU       Fase A       Fase B       Fase C

NBBU       Fase 1       Fase 2       Fase 3       Fase 4

3.4 Is there a provision in the employment contract that wages do not have to continue to be paid if there is no work?

- No
- Yes

3.5 Employment period > Please tick the applicable situation and fill in

3.5.1  Temporary employment contract

from

Day	Month	Year			
-----	-------	------	--	--	--

up to\*

Day	Month	Year			
-----	-------	------	--	--	--

\* Example: if an employment contract is valid up to and including 31 December 2025 (last working day), enter 01-01-2026 in the "up to" field.

3.5.2  Permanent employment contract

from

Day	Month	Year			
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3.6 Is there a trial period?

No

Yes, up to and including:

Day	Month	Year			
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3.7 Working hours per week

Hours per week by contract

--	--

Hours per week actually

--	--

3.8 Gross salary (excluding holiday allowance)

Per month, or  
 Per 4 weeks

All amounts rounded to whole euros

€						
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3.9 Wage for social security purposes (excluding holiday allowance)

Per month, or  
 Per 4 weeks

All amounts rounded to whole euros

€						
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3.10 Net salary (excluding holiday allowance)

Per month, or  
 Per 4 weeks

All amounts rounded to whole euros

€						
---	--	--	--	--	--	--

3.11 Holiday allowance

	%
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3.12 Period of residence in the Netherlands (maximum of 3 years) *Date of entry*

Day	Month	Year				
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**Only for the International Trade Regulation**

*up to and including*

Day	Month	Year				
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## 4 Signing by employer

I declare that the above employee is employed by the above company/institution. I have completed this form truthfully.

4.1 Name \_\_\_\_\_

4.2 Position \_\_\_\_\_

4.3 Telephone number 

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4.4 Place and date *Place* \_\_\_\_\_

*Day*

	Month	Year				
--	-------	------	--	--	--	--

4.5 Signature and stamp of company/institution *Signature* \_\_\_\_\_

*Stamp of company/institution* 

### Processing of personal data

The [IND privacy statement](#) explains how the IND handles your data.



## Appendix Proof of income

***Do not enclose this appendix with the form!***

This list shows indicates which means of proof of income are needed to assess the application. The application form indicates the person of whom you must enclose proof of income with your application. The proof of income must be enclosed as a copy.

*Please note!* The IND may check the correctness of your wage, work and benefit details with another government agency (for example the Netherlands Employees Insurance Agency or the Tax and Customs Administration).

- 1. You have or your (registered) partner has an employment contract that is valid for at least 1 year at the time of the application; or**  
**You (the foreign national) will work as an employee (in the context of an EU action programme or an International Agreement to which the Netherlands is party)**
  - Your current employment contract(s) and/or appointment approval(s);
  - The completed and signed Appendix/Appendices employer's declaration which must not be older than 3 months;
  - Payslips over the past 3 months.

*Please note: If you regularly earn more than evidenced by your employment contract due to irregular income (e.g. overtime), attach your pay slips for the past 12 months*

*If you are paid by a third party from a Personal Budget:*

- Evidence of the complete outsourcing of the salary administration to the Social Insurance Bank (SVB).

- 2. You are applying for a residence permit for residence as a family member or relative, a residence permit for long-term residents EC, or a permanent regular residence permit.**  
**Both conditions under A and B must apply to your situation. If this is not the case, you must enclose the evidence as indicated under one of the other categories.**

You or your (registered) partner

- A. have/ has, at the time of the application, income from paid employment at least 6 months, but less than 1 year; or will receive a benefit under the Unemployment Insurance Act (WW) or Sickness Benefits Act (ZW) for at least 6 months, but less than 1 year; and
- B. have/has in the 12 months prior to the application only received income from paid employment or a benefit under the Unemployment Insurance Act (WW) or Sickness Benefits Act (ZW).
  - At least 1 of the following means of proof:
    - Your current employment contract(s) and/or appointment approval(s), showing that you have work; or
    - A statement from the employer (for example the employment agency) showing that the income from paid employment will be available for another six months;
  - The completed and signed Appendix/Appendices employer's declaration which must not be older than 3 months;
  - Over the past 12 months:
    - all salary slips; and
    - the annual income statement; and
    - the (temporary) employment contract(s) and/or appointment approval(s); or
    - all specifications of unemployment and sickness benefits.



- 3. You have or your (registered) partner has an employment contract that is valid for less than 1 year at the date the IND receives the application**
- Your current employment contract(s) and/or appointment approval(s), showing that you have work
  - The completed and signed Appendix/Appendices employer's declaration (not older than 3 months)
  - Over the past 3 years:
    - all annual income statements; and
    - all (temporary) employment contract(s) and/or appointment approval(s); and
    - confirmation(s) of benefits awarded and specification(s) of benefits received.
- 4. You or your (registered) partner work(s) as a temporary agency worker or under an on-call contract, seasonal work **contract, zero hours contract or other contract with a deferred duty of performance****
- Your current (temporary) employment contract(s) and/or appointment approval(s), showing that you have work
  - The completed and signed Appendix/Appendices employer's declaration (not older than 3 months)
  - Over the past 3 years:
    - all annual income statements; and
    - all (temporary) employment contract(s) and/or appointment approval(s); and
    - confirmation(s) of benefits awarded and specification(s) of benefits received.
- 5. You or your partner have a residence permit for the employment as an essential start-up employee**
- an employment contract indicating the nature of the work and the salary;
  - a contract signed by both parties (company and essential staff member) indicating the form, the percentage, and the conditions of the employee participation and the associated participation scheme.
- 6. You are or your partner is a researcher pursuant to Directive (EU) 2016/801, it concerns the following proof**
- if you receive sponsor funds: a sponsor agreement showing the amount of the sponsor funds and the duration of the sponsor agreement; or
  - if you receive periodic payments in order to pay for the stay in the Netherlands: a proof of these payments; or
  - if you receive a grant or stipend: proof showing the amount and the start and end date of the grant or stipend; or
  - if you have paid work abroad: a copy of an employment contract with the current employer abroad; or
  - if you become employed by the research institution: a copy of the employment contract that must be signed by both you and the research institution.
- 7. You have or your (registered) partner has a (supplementary) benefit**
- The letter from your benefits agency granting your benefit;
  - The most recent specification of benefits received.
- 8. You are or your (registered) partner is director-major shareholder of a company**
- The official documents showing your interest in the company (ownership percentage);
  - A copy of your employment contract (or contracts if you have several jobs). Please note: if you are a sponsor and you do not have an employment contract with the B.V., you are regarded as a self-employed person and you must enclose the supporting documents belonging to a self-employed person;
  - An original and completed Appendix employer's declaration, bearing a date, signature of the employer and company stamp (not older than 3 months);
  - Details over the three months preceding the date of your application, showing that a monthly salary was paid (payslips, bank statements);
  - Proof that the withheld wage tax was transferred by the company to the Tax and Customs Administration (bank statements).
- 9. You are or your (registered) partner is self-employed**
- The Appendix declaration of income of self-employed person with the requested appendices, completed and signed by you and (for example) a registered accountant, accountant, accounting consultant, a tax consultant from the Tax Consultants Federation, a tax consultant from the Tax Consultants Association or an accountant with a BECON number from the Tax and Customs Administration.

*If you are paid by a third party from a Personal Budget:*

- Evidence of the complete outsourcing of the salary administration to the Social Insurance Bank (SVB)

*If you are self-employed under the Dutch-American Friendship Treaty or the Dutch-Japanese Trade Treaty:*

- Documentary evidence that you have invested a substantial capital in your company/enterprise. For a sole proprietorship, general partnership (VOF), limited partnership (CV) or private limited liability company (BV) a minimum capital of € 4,500 applies. For a public limited company (NV) a capital investment of at least €11,250 applies.

## **10. You have or your (registered) partner has an income from own funds**

- A tax statement of the year preceding this application for residence permit;
- the most recent final assessment income tax as issued to you by the Tax and Customs Administration;
- the most recent provisional assessment income tax, only if you have applied for it and have received it from the Tax and Customs Administration; and/or
- documentary evidence showing the own funds at the time of submitting the application.

### **Exemption from the means requirement**

In the situations below, the IND assesses whether you qualify for exemption from the means requirement.

#### **1. You submit an application for the purpose of residence as a family member or relative. The sponsor has reached the state pension age (AOW).**

When processing your application, the IND will assess whether the sponsor has reached the state pension age.

#### **2. You submit an application for the purpose of residence as a family member or relative. The sponsor is permanently and fully unable to work**

*The sponsor receives a WAO, WAZ or Wajong benefit*

- The confirmation of benefits awarded showing that you are incapacitated for work (and the degree of incapacity for work);
- The most recent specification of benefits received (of at least one year after the confirmation of benefits awarded);
- The most recent reassessment;
- A letter from the benefits agency stating the date of reassessment.

*The sponsor receives benefit under the WIA or the Wet Wajong*

- The confirmation of benefits awarded showing that you are incapacitated for work (and the degree of incapacity for work);
- The most recent specification of benefits received;
- The most recent reassessment.

*The sponsor is permanently incapacitated for work but does not receive a WAO, WIA, WAZ, Wet Wajong or Wajong benefit.*

- A statement from the Municipal Health Service, company doctor or medical examiner, showing that you are fully incapacitated for work, for how long you have been incapacitated for work and the expected duration of the incapacity for work.

*The sponsor has a wsw indication*

- Proof of a valid wsw indication.

*The sponsor has an indication of a job agreement (indicatie banenafspraak) for at least 2 years on the basis of the act 'Wet banenafspraak en quotum arbeidsbeperkten'*

- An indication job agreement (banenafspraak) issued by the UWV.

#### **3. You submit an application for the purpose of residence as a family member or relative. The sponsor receives social assistance benefit and is permanently exempted from the obligation to accept work**

- All decisions over the past 5 years and any correspondence with the municipality showing that the sponsor is exempted from all obligations to work
- Proof showing that a labor integration is not to be expected within one year.

### **Processing of personal data**

The Immigration and Naturalisation Service (IND) processes personal data when it processes your application, notification, or request. This means that if needed the IND will request data from you yourself and other organisations or persons. The IND also uses and stores data and shares them with other organisations. When doing so, the IND strictly adheres to the stipulations of privacy legislation. For instance, the IND must treat data safely and with due care. The law also gives rights. At your request, you are allowed to see which data on you the IND processes. You can also get information on why the IND does so and to whom your data have been passed on. On [www.ind.nl](http://www.ind.nl) you can read how the IND processes your data and which rights you have. You can also read how to use your rights.





## Appendix Declaration on income of self-employed person

This declaration is used to determine whether the self-employed person has long-term and independent, sufficient of support in the meaning of the Aliens Act 2000. Fill in this declaration if you are applying for a residence permit or a short stay visa and you, as a foreign national or sponsor, have an income as a self-employed person. Include, as a part of this declaration (under 5) a signed compilation report from an administrator/accountant. Enclose the completed and signed declaration, including the compilation report, with your application.

*Please note! The IND may check the contents of this declaration with another government agency (the Netherlands Employee Insurance Agency or the Tax and Customs Administration, for example).*

### 1 Details of self-employed person

**Write in block letters**

1.1 V-number (if known)

1.2 Name *Surname*  
(as stated in the passport)

*First names*

---

1.3 Date of birth *Day      Month      Year*

1.4 Place of birth

---

1.5 Country of birth  
(as stated in the passport)

---

1.6 Nationality

---

1.7 Home address *Street*

*Number*

---

*Postcode*

---

*Town*

---

1.8 Name of the company

---



1.9 Visiting address

*Street*

---

*Number*

---

*Postcode*

---

*Town*

---

1.10 Chamber of Commerce registration number

---

**2 Details of the administrator/accountant**

*Write in block letters*

2.1 Name accountant

---

2.2 Professional title

Advisor from the Netherlands Association of Accounting and Tax Experts (Accounting +Tax Expert)  
 Registered accountant  
 Tax consultants from the Tax Consultants Register  
 Accounting consultant  
 Other, namely:

---

2.3 BECON number of Tax and Customs Administration

---

2.4 Telephone number Accountant

---

2.5 Visiting address

*Street*

---

*Number*

---

*Postcode*

---

*Town*

---

### 3 Income from business activities

**Write in block letters**

#### Explanation of the calculation of profits or share in the profits

A company's profits for the closed financial year or the current financial year are calculated by deducting the total operating expenses from the total operating income. The income and the expenses must be calculated according to generally accepted commercial standards. With respect to this, the following is noted. If there is no closed financial year, the calculation of the monthly profits must be based on permanence. This means that both the operating income and the operating expenses must be attributable to the relevant period. If the company has the form of a private partnership, general partnership or limited partnership, the profits will then be divided among the partners or associates.

*Please note!* This explanation goes with 3.2, 3.5 and 3.12

#### Current financial year, immediately preceding the time at which the application was submitted

> Enter the period (from (date), to (date) below

- 3.1 The data included at 3.2 and 3.3 relate to the period (from/to)

from      Day      Month      Year

--	--	--	--	--	--	--	--	--

to      Day      Month      Year

--	--	--	--	--	--	--	--	--

- 3.2 Profits or share in the profits from business activities over the above period (see explanation)

€									
---	--	--	--	--	--	--	--	--	--

- 3.3 Annual income mentioned at 3.2 gross profits divided by the number of months stated

€									
---	--	--	--	--	--	--	--	--	--

#### Most recently closed financial year, immediately preceding the time at which the application was submitted

- 3.4 Financial year (from/to)

from      Day      Month      Year

--	--	--	--	--	--	--	--	--

to      Day      Month      Year

--	--	--	--	--	--	--	--	--	--

- 3.5 Profits or share in the profits from business activities in accordance with the financial statements (see explanation)

€									
---	--	--	--	--	--	--	--	--	--

- 3.6 Amount stated at 3.5, divided by the number of months in the most recently closed financial year

€									
---	--	--	--	--	--	--	--	--	--

- 3.7 Corrections of the above (share in the) profits from business activities for taxable profit\*

€									
---	--	--	--	--	--	--	--	--	--

3.8	Taxable profit*	€	
3.9		Status of processing of tax return by the Tax and Customs Administration	Please enclose from the last completed financial year and the current financial year a copy of: <ul style="list-style-type: none"> <li>• the profit and loss account;</li> <li>• the income tax return;</li> <li>• the provisional and final assessment imposed by the Tax and Customs Administration (as a result of this return).</li> </ul>
3.10		If the Tax and Customs Administration has already imposed an assessment, is this assessment based on the stated profits from business activities?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
> Please enclose an explanation in a separate appendix			
<b>Next-to-last closed financial year</b>			
3.11		Financial year (from/to)	from      Day   Month   Year          To      Day   Month   Year
3.12		Profits or share in the profits from business activities in accordance with the financial statements (see explanation)	€
3.13		Amount stated at 3.12, divided by the number of months in the most recently closed financial year	€
3.14		Corrections of the above (share in the) profits from business activities for taxable profit*	€
3.15		Taxable profit*	€
3.16		Status of processing of tax return by the Tax and Customs Administration	Please enclose from the next-to-last closed financial year a copy of: <ul style="list-style-type: none"> <li>• the profit and loss account;</li> <li>• the income tax return;</li> <li>• the provisional and final assessment imposed by the Tax and Customs Administration (as a result of this return).</li> </ul>
3.17		If the Tax and Customs Administration has already imposed an assessment, is this assessment based on the stated profits from business activities?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
> Please enclose an explanation in a separate appendix			

(\*only for any inspection by the IND)

## 4 Signing by the self-employed person

I, the undersigned, hereby truthfully declare, as a self-employed person, to have acquired income from my own business in accordance with the above information.

4.1 Place and date *Place*

<i>Day</i>	<i>Month</i>	<i>Year</i>				

4.2 Signature

---

## 5 Compilation report administrator/accountant

Our client for this compilation report is the self-employed person mentioned under 1. of this declaration, and also signatory of this form under 4, namely:

5.1 Name *Surname*  
(as stated in the passport)

*First names*

---

5.2 Name of the company

---

5.3 Chamber of Commerce  
registration number

--	--	--	--	--	--	--	--	--

further referred to as: client

This compilation report is part of the declaration on income of self-employed person. Our client has this declaration on income of self-employed person filled in and signed for the purpose of an application procedure at the IND. This report is compiled by us for our client on behalf of the IND, with the aim of assessing whether the resource requirement has been satisfied for compliance with the applicable standard<sup>1</sup>. As a result, the statement may not be suitable for another purpose. The statement is intended solely for our client and the IND and should not be distributed to or used by other parties.

This compilation report, in accordance with the applicable regulations<sup>2</sup>, refers to the information under section 3 Income from business activities. This information is compiled by us based on the information provided by our client.

This compilation engagement has been performed by us in accordance with Dutch law, including the Dutch Standard 4410H, 'Compilation engagements', which is applicable to accountants<sup>3</sup>. The standard requires us to assist the client in the preparation and presentation of section 3 Income from business activities of the declaration on income of self-employed person. To this end we have applied our professional expertise in accounting and financial reporting.

In a compilation engagement, the client is responsible for providing us with all relevant information and the client is also responsible for ensuring the information is correct. Therefore, we have conducted our work, in accordance with the applicable regulations<sup>4</sup>, on the assumption that the client has fulfilled his responsibility. To conclude our work, we have read section 3 of the declaration to consider whether the statement as presented correspond with our understanding of the client. We have not performed any audit or review procedures which would enable us to express an opinion or a conclusion on section 3 of the declaration. During this engagement we have complied with the relevant ethical requirements prescribed by the 'Verordening Gedrags- en Beroepsregels Accountants' (VGBA, Dutch Code of Ethics)<sup>5</sup>. You and other users of

this statement may therefore assume that we have conducted the engagement in a professional, competent and objective manner and with due care and integrity and that we will treat all information provided to us as confidential.

### **Signing**

5.4	Name of administration/ accountants office	<hr/>						
5.5	Place and date	Place	<hr/>					
		Day	Month	Year				
		<input type="text"/>						
5.6	Signature of administrator/ accountant	<hr/>						

<sup>1</sup> See article 16 paragraph 1 (c) of the Aliens Act.

<sup>2</sup> For members of the NBA (The Royal Netherlands Institute of Chartered Accountants), the NOAB (Netherlands Association of Financial and Tax Experts) and RB (Register of Tax Advisers).

<sup>3</sup> And/or other applicable regulations, for example, if the administrator is a member of NOAB, RB or another body.

<sup>4</sup> For members of the NBA, the NOAB and RB.

<sup>5</sup> And/or other applicable provisions, for example, if the administrator is a member of NOAB, RB or another body.

#### **Processing of personal data**

The Immigration and Naturalisation Service (IND) processes personal data when it processes your application, notification, or request. This means that if needed the IND will request data from you yourself and other organisations or persons. The IND also uses and stores data and shares them with other organisations. When doing so, the IND strictly adheres to the stipulations of privacy legislation. For instance, the IND must treat data safely and with due care. The law also gives rights. At your request, you are allowed to see which data on you the IND processes. You can also get information on why the IND does so and to whom your data have been passed on. On [www.ind.nl](http://www.ind.nl) you can read how the IND processes your data and which rights you have. You can also read how to use your rights.



## Appendix Medical information disclosure consent form

For the foreign national: Do you have more than two physicians/practitioners?  
In that case, you should copy this appendix and have the copied appendix completed as well.

The physician/practitioner must be registered in the registers under the Individual Healthcare Professions Act (Wet op de Beroepen in de Individuele Gezondheidszorg or BIG) or the Dutch Association of Psychologists (Nederlands Instituut van Psychologen or NIP).

If the foreign national is under 12 years of age or incapable of performing legal acts, the legal representative must complete the consent form. If the foreign national is between the age of 12 and 16, the foreign national and his/her legal representative must complete the consent form. If the foreign national is over 16 years of age, the foreign national must complete the consent form.

### 1 Details of foreign national

**Write in block letters**

1.1 V-number (if known)

1.2 Name *Surname*  
(as stated in the passport)

*First names*

1.3 Date of birth *Day* *Month* *Year*



## 2 Signing

**Write in block letters**

- The undersigned hereby declares that he/she does not object to the medical adviser from the Immigration and Naturalisation Service (IND) obtaining information about his/her health condition from the below physician(s)/practitioner(s) in connection with an investigation into the medical circumstances regarding his/her residence status in the Netherlands.
- The undersigned gives his/her consent to send a copy of this completed consent form to the physician(s)/practitioner(s) to be contacted.
- The undersigned gives his/her consent to the IND medical adviser to provide his/her medical data to any medical specialist to be engaged in any further examination.
- The undersigned authorises the below physician(s)/practitioner(s) registered in the registers under the Individual Healthcare Professions Act and/or the Dutch Association of Psychologists (physicians, dentists, physiotherapists, obstetricians, nurses, pharmacists, healthcare psychologists and psychotherapists) to provide information to the IND medical adviser and declares.

2.1 Name of foreign national \_\_\_\_\_

2.2 Place and date *Place* \_\_\_\_\_

<i>Day</i>	<i>Month</i>	<i>Year</i>

2.3 Name of legal representative \_\_\_\_\_

2.4 Place and date *Place* \_\_\_\_\_

<i>Day</i>	<i>Month</i>	<i>Year</i>

2.5 Signature of foreign national \_\_\_\_\_

2.6 Signature of legal representative \_\_\_\_\_

### 3 Details of the physician/practitioner

*Write in block letters*

3.1 Name of general practitioner/  
COA physician/specialist 1

> Please tick the applicable situation

- General practitioner
- COA physician
- Specialist

position:

department:

3.2 Name of  
hospital/practice/institution

3.3 Visiting address Street

Number

Postcode

\_\_\_\_\_  
Town

3.4 Telephone number

\_\_\_\_\_

3.5 Name of general practitioner/  
COA physician/specialist 2

> Please tick the applicable situation

- General practitioner
- COA physician
- Specialist

position:

department:

3.6 Name of  
hospital/practice/institution

3.7	Visiting address	<i>Street</i>	<hr/>								
		<i>Number</i>	<hr/>								
		<i>Postcode</i>	<hr/>								
		<i>Town</i>	<input type="text"/>								
<hr/>											
3.8	Telephone number	<input type="text"/>									

#### **4 Referral of medical advice**

The undersigned gives his/her consent to the IND medical advisor to provide the medical advice to:

- the IND official handling the application for a residence permit;
- the official from the Repatriation and Departure Service who is responsible for offering medical facilities before, during or after the removal.
- the involved legal experts from the State Advocate's office; and
- the statutory bodies entrusted with the administration of justice.

4.1	Name of foreign national	<hr/>										
4.2	Place and date	<i>Place</i>	<hr/>									
		<i>Day</i>	<input type="text"/>	<i>Month</i>	<input type="text"/>	<i>Year</i>	<input type="text"/>					
4.3	Name of legal representative	<hr/>										
4.4	Place and date	<i>Place</i>	<hr/>									
		<i>Day</i>	<input type="text"/>	<i>Month</i>	<input type="text"/>	<i>Year</i>	<input type="text"/>					
4.5	Signature of foreign national	<hr/>										
4.6	Signature of legal representative	<hr/>										

**Processing of personal data**

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## Appendix Proof of medical situation of foreign national

For the foreign national:

Please have this appendix completed and signed by your physician/ practitioner. If you have more than one physician/ practitioner, you are asked to copy this appendix so that each physician can complete and sign a copy.

The physician/practitioner must be registered in the registers under the Individual Healthcare Professions Act (Wet op de Beroepen in de Individuele Gezondheidszorg or BIG) or the Dutch Association of Psychologists (Nederlands Instituut van Psychologen or NIP).

For the physician/practitioner: Through this form, you are asked a few questions about the presence of any medical treatment of the foreign national you refer to below. The foreign national can use your answers to demonstrate that any medical facts or treatments exist which could be of importance to the assessment of his/her application for a residence permit in the Netherlands. When answering these questions, you are not asked to assess whether the conditions for a residence permit in the Netherlands are met. You only need to provide factual data in simple words that can be understood by non-physicians. The non-medically qualified officials from the Immigration and Naturalisation Service (IND) will not use your answers to form a medical opinion themselves, but do want to be informed of the fact that the foreign national receives active medical treatment from you. In case of any ongoing treatment, they may ask the independent physician from the IND's Medical Advisors Office (Bureau Medische Advisering or BMA) for advice. Following this, the BMA will contact you with the specific written consent of the foreign national.

### 1 Details of medical care provider

**Write in block letters**

1.1 Name \_\_\_\_\_

1.2 Telephone number \_\_\_\_\_

1.3 Professional title \_\_\_\_\_

1.4 BIG registration number \_\_\_\_\_

1.5 NIP registered?  
 Yes  
 No

1.6 Visiting address *Street* \_\_\_\_\_

*Number* \_\_\_\_\_

*Postcode* \_\_\_\_\_

*Town* \_\_\_\_\_



## 2 Details of foreign national

**Write in block letters**

2.1 Name *Surname*  
(as stated in the passport)

*First names*

2.2 Sex  Male  
 Female

2.3 Date of birth *Day*      *Month*      *Year*

--	--	--	--	--	--	--

2.4 Place of birth

\_\_\_\_\_

2.5 Country of birth  
(as stated in the passport)

\_\_\_\_\_

2.6 Nationality

\_\_\_\_\_

2.7 Home address *Street*

*Number*

*Postcode*

--	--	--	--	--	--	--

*Town*

## 3 Treatment details

**Write in block letters**

3.1 Does the foreign national have  
(one or more) medical  
symptoms?  Yes  
 No

3.2 Is the foreign national currently  
receiving active medical  
treatment for these medical  
symptoms?  Yes  
 No

3.3 What is the nature of these  
symptoms?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.4 When did this medical treatment  
start? *Day*      *Month*      *Year*

--	--	--	--	--	--	--

3.5 And when is the treatment expected to be finished?

<i>Day</i>	<i>Month</i>	<i>Year</i>			
------------	--------------	-------------	--	--	--

## 4 Signing

The undersigned, medical care provider, hereby declares that the foreign national is currently receiving active medical treatment from him/her

4.1 Place and date *Place*

---

<i>Day</i>	<i>Month</i>	<i>Year</i>			
------------	--------------	-------------	--	--	--

4.2 Signature

---

### Processing of personal data

The Immigration and Naturalisation Service (IND) processes personal data when it processes your application, notification, or request. This means that if needed the IND will request data from you yourself and other organisations or persons. The IND also uses and stores data and shares them with other organisations. When doing so, the IND strictly adheres to the stipulations of privacy legislation. For instance, the IND must treat data safely and with due care. The law also gives rights. At your request, you are allowed to see which data on you the IND processes. You can also get information on why the IND does so and to whom your data have been passed on. On [www.ind.nl](http://www.ind.nl) you can read how the IND processes your data and which rights you have. You can also read how to use your rights.





## Appendix Submitting and paying for the application for an extension

***Do not enclose this appendix with the form!***

### **Submitting the application for an extension**

You send the application form, the appendices and the requested evidence to the IND by post. Never send any original evidence. You must send clearly readable and full copies of the original evidence. Do not use any staples or paperclips. Do not send any USB sticks, CDs, DVDs and suchlike. Put all evidence in a sufficiently stamped envelope. Send your application to the following address:

*Application for an extension for an economic purpose of residence (work, study, for example)*

**Immigratie- en Naturalisatiedienst**

**Postbus 5**

**9560 AA Ter Apel**

**Immigratie- en Naturalisatiedienst**

**Postbus 9**

**9560 AA Ter Apel**

**Immigratie- en Naturalisatiedienst**

**Postbus 1**

**9560 AA Ter Apel**

*Application for an extension for a social purpose of residence (family formation or family reunification, for example)*

*Application for medical circumstances*

### **How do you pay?**

Applying for an extension of the validity of a residence permit is not free of charge. The costs depend on the purpose of the residence applied by you. After the IND has received your application, you will receive a letter stating the amount and the manner in which you have to pay. This form contains no information about the costs or any exemption from having to pay fees. Please visit [www.ind.nl](http://www.ind.nl) if you want to know the costs beforehand. If the assessment of your application shows that you do not qualify for the residence permit applied for, you will not receive a refund.

### **What happens with your application?**

If you have submitted your application for an extension to the IND and paid the related costs, the IND will assess your application. If your application is incomplete, the IND will be unable to properly assess your application. If you fail to make a payment or timely payment or submit an incomplete application, the handling of your application will be delayed. You will be informed in writing once your application has been handled. If your application is granted, you will also receive a letter with information about the follow-up procedure.

### **Providing correct information**

Providing incorrect information or withholding relevant information may lead to withdrawal of the permit. If punishable offences are observed, the IND reports this to the police.

### **V-number**

A V-number is a unique number, which is used for identification of a foreign national by the IND and cooperating organisations (such as the Aliens Police). The number is listed in the correspondence which the foreign national or sponsor receives from the IND and other organisations and is also printed on the residence document itself.

### **Processing of personal data**

The Immigration and Naturalisation Service (IND) processes personal data when it processes your application, notification, or request. This means that if needed the IND will request data from you yourself and other organisations or persons. The IND also uses and stores data and shares them with other organisations. When doing so, the IND strictly adheres to the stipulations of privacy legislation. For instance, the IND must treat data safely and with due care. The law also gives rights. At your request, you are allowed to see which data on you the IND processes. You can also get information on why the IND does so and to whom your data have been passed on. On [www.ind.nl](http://www.ind.nl) you can read how the IND processes your data and which rights you have. You can also read how to use your rights.







## Appendix Explanation and means of evidence medical circumstances

***Do not enclose this appendix with the form!***

You can use these notes if you:

- want to submit an application (to stay in the Netherlands) whereby the Immigration and Naturalisation Service (IND) assesses your medical situation.
- want to be eligible for accommodation while awaiting the decision on an application. This is only possible if you are an asylum seeker who has exhausted all legal means or an asylum seeker who is in the appeal phase of an asylum procedure and you want to submit an application for a regular residence permit for medical treatment or postponement of departure for health reasons (Section 64 of the Aliens Act).

These notes set out which details you will need to submit.

### **What do you need to do?**

Please enclose the following means of evidence with your application. Make sure that you and your doctor or practitioner sign the attachments when asked.

- Enclose a copy of your valid passport. Only copy the pages containing the identity details and the pages which are stamped. Do you not have a passport (any longer) and are you unable to obtain a new passport? Then send a written statement with your application in which the authorities of the country of which you are a citizen confirm and explain why you are unable to obtain a passport. You must also substantiate your identity and nationality in another manner, for example by means of an identity card or a birth certificate. The Immigration and Naturalisation Service (IND) needs to know who you are and where you come from.
- The Appendix 'Medical Information Disclosure Consent Form' completed and signed by you. This appendix may not be older than 6 months.
- A statement from your doctor. See the Appendix 'Proof of medical situation of foreign national'. Are there changes to your medical situation? Then send a new statement to the IND. The statement may not be older than 6 weeks.
- You must also enclose all the means of evidence mentioned in this appendix (Appendix 'Explanation and means of evidence medical circumstances'). These are letters in which the Medical Advisors Office asks your doctor or practitioner for medical information. *Please note!* For this purpose, you must give the enclosed letters with explanations from the Medical Advisors Office (BMA) for the person treating you at the Mental Healthcare Association (GGZ), your general practitioner and specialist to the doctor treating you. In the letters Medical Advisors Office explains to your doctor why the IND needs your medical information. Furthermore, the Medical Advisors Office asks a number of questions to your doctor. It is important that your doctor answers all questions and provides all requested information. If you do not submit all of the information required or if this information is incomplete, your medical situation cannot be assessed. You must submit the answered questions, as well as a copy of the requested medical details, together with the application form. The response from your doctor or practitioner and the medical documents must not be older than 3 months.
- You also submit means of evidence of everything you claim. If, for example, you claim that medical treatment is not available to you in your country, you must prove this.
- Proof of insurance for the healthcare costs that you have incurred in the Netherlands. You can also submit a different proof instead showing that financing the costs of the medical treatment has been arranged satisfactorily.
- Means of evidence showing that you have sufficient means of support for your living expenses during your stay in the Netherlands.
- Means of evidence showing the income of the person who is financing your stay and also possibly that of his or her spouse or partner/registered partner, see the Appendix 'Proof of Income'.
- A copy of the page showing the identification details of the passport or the identity card of the person who is financing your stay. Also make copies of the pages with travel stamps. Do not copy any empty pages. If he or she is not a Dutch citizen, then you can submit a copy of the front and reverse sides of the residence permit.



- A written explanation why the Netherlands is the most appropriate country for undergoing the medical treatment(s) in question. Submit as much means of evidence as possible together with the application. Please include as much evidence as possible.

If, in your opinion, the Netherlands is the most appropriate country to undergo the medically necessary treatment because the Netherlands has a special international specialty, please enclose a medical statement showing this. It may concern the following declarations:

- a declaration from a healthcare institution in the Netherlands that you can be treated by this institution or specialist; and
- a declaration from your care provider abroad showing that the specialism is lacking or that you have exhausted your treatment options in your own country.

*If you are a citizen of Suriname who has come to the Netherlands with a visa that was issued on medical grounds, then you must also submit:*

- A copy of the visa that was issued on medical grounds.

### **Sending in**

Once you have collected, copied and enclosed all the necessary supporting documents, then send these to the Immigration and Naturalisation Service (IND). Write on an envelope the address of the Immigration and Naturalisation Service (IND): PO Box 1, 9560 AA Ter Apel, and enclose the relevant application form, the appendices and also at least the supporting documents cited under 1 to 4 above and send these to the Immigration and Naturalisation Service (IND).

### **Do you have any questions?**

Then visit the IND website at [www.ind.nl](http://www.ind.nl). You can also contact the IND by telephone via 088 043 04 30 (normal charges apply). From abroad you can call +31 88 043 04 30.

### **Processing of personal data**

The Immigration and Naturalisation Service (IND) processes personal data when it processes your application, notification, or request. This means that if needed the IND will request data from you yourself and other organisations or persons. The IND also uses and stores data and shares them with other organisations. When doing so, the IND strictly adheres to the stipulations of privacy legislation. For instance, the IND must treat data safely and with due care. The law also gives rights. At your request, you are allowed to see which data on you the IND processes. You can also get information on why the IND does so and to whom your data have been passed on. On [www.ind.nl](http://www.ind.nl) you can read how the IND processes your data and which rights you have. You can also read how to use your rights.



## Brief en uitleg aan huisartsen en andere eerstelijnsbehandelaars zoals artsen werkzaam bij de GGD, Kruisposten en Menzis

### **Stuur deze brief niet mee met de aanvraag**

Geachte collega,

Uw patiënt(e) heeft de Immigratie- en Naturalisatiedienst gevraagd om in Nederland te kunnen verblijven vanwege zijn of haar medische situatie. Bureau Medische Advisering beoordeelt de medische omstandigheden van uw patiënt(e). Met deze brief verzoek ik u daarom enkele gegevens te overleggen.

Mocht u geen behandelaar (meer) zijn van deze patiënt(e), dan hoeft u uiteraard geen medische gegevens aan BMA te verstrekken. In dat geval verzoek ik u aan te geven dat u geen behandelaar bent.

### **Waarom dit verzoek?**

Bureau Medische Advisering (BMA) heeft in de bijlage bij deze brief voor u als medische behandelaar beschreven waarom medische informatie in bepaalde vreemdelingrechtelijke procedures van belang is. Ook vindt u in de bijlage verdere verduidelijking over de aard van de medische gegevens die wij van u vragen. Ik verzoek u deze bijlage goed te lezen.

### **Om welke medische informatie gaat het?**

We vragen u om zowel de somatische problematiek als eventuele psychiatrische klachten te beschrijven. Als er ook een behandelaar voor de psychiatrie door de patiënt(e) is gemachtigd, zal BMA deze behandelaar eveneens om medische gegevens vragen.

Verstuur geen antwoorden op vragen van andere instanties of van de advocatuur.

### **Hoe levert u de informatie aan?**

U kunt de medische patiëntinformatie op één van de volgende twee manieren aanleveren:

- u stelt zelf een brief op waarin u puntsgewijs onderstaande vragen beantwoordt, of
- u stuurt een kopie van de relevante medische gegevens waaruit de antwoorden op onderstaande vragen duidelijk worden (zoals een psychiatrisch behandelplan).

### **Waar moet u op letten bij het aanleveren van de informatie?**

Gelet op bovenstaande, dient de informatie antwoord te geven op de volgende vragen:

1. Wat is/zijn de actuele of meest recent gestelde diagnose(s)?
2. Wat zijn op dit moment de belangrijkste door u geconstateerde somatische klachten en wat is het beloop van deze klachten?
3. Wat is de relevante medische voorgeschiedenis van uw patiënt(e)? (NB: het gaat hierbij uitdrukkelijk niet om het asielrelas en/of traumatische ervaringen in land van herkomst.)
4. Wat is de soort behandeling die al is ingezet of is geïndiceerd? Wat is de frequentie van de behandelcontacten en hoe lang zal de behandeling - naar verwachting - geïndiceerd zijn?
5. Welke geneesmiddelen worden momenteel aan de patiënt(e) voorgeschreven? Zijn er allergieën bekend met betrekking tot bepaalde medicatie en kunt u aangeven welke specifiek eerder voorgeschreven medicatie niet heeft gewerkt?
6. In het geval dat bij u bekend is dat mantelzorg aan de orde is (zorg door niet-professionals, zoals familie of vrienden) en dat dit ook een essentieel onderdeel is van de medische behandeling: kunt u aangeven wie deze mantelzorg geeft, op welke wijze precies en de frequentie ervan? (Het gaat hierbij niet om hulp bij financiën of om huishoudelijke hulp, maar wel bij voorbeeld toezicht op inname van medicatie bij schizofrene patiënten.)

## **Wie levert de gegevens aan bij BMA?**

De medische informatie kunt u meegeven aan uw patiënt(e). Doet u dit in het belang van uw patiënt(e) zo snel en volledig mogelijk, in een gesloten enveloppe met de aantekening 'medisch geheim'.

Uw patiënt(e) is verantwoordelijk voor de verzending van de volgende stukken naar de Immigratie- en Naturalisatiedienst:

- De enveloppe met de medische informatie die door u en de andere medische behandelaars van uw patiënt(e) is angeleverd, gericht aan Bureau Medische Advisering.
- De bijlage 'Toestemmingsverklaring medische gegevens'.
- De bijlage 'Bewijs omtrent medische situatie vreemdeling'.

## **Vergoeding gemaakte kosten**

Uw kosten worden vergoed volgens de richtlijn voor schriftelijke informatieverstrekking van de Nederlandse Zorgautoriteit (NZA). Volgens wettelijke vereisten dient u de kosten te declareren door middel van een factuur.

Facturen worden sinds 1 juli 2020 verwerkt door het Financieel Diensten Centrum SSC DJI (FDC). Dit kan bij voorkeur digitaal, naar het emailadres [facturen@dji.minjus.nl](mailto:facturen@dji.minjus.nl).

Daarom dient u de factuur afzonderlijk, zonder de medische stukken, te versturen.

In de bijlage treft u de voorwaarden waaraan uw factuur moet voldoen. Verkeerd geadresseerde facturen of facturen die niet aan deze voorwaarden voldoen, kunnen niet in behandeling worden genomen.

## **Heeft u vragen?**

Vragen over deze brief kunt u per e-mail richten aan de IND. Dat kan via Zivver. Zivver is een middel om veilig met u te e-mailen en bestanden uit te wisselen. Lees meer over [veilig mailen via Zivver](#) op [ind.nl/stukken-opsturen](http://ind.nl/stukken-opsturen).

Met collegiale hoogachting,

*Artsengroep Bureau Medische Advisering*



## Brief en uitleg aan GGZ-behandelaren zoals psychiater, klinisch psycholoog, psychotherapeut en sociaal psychiatrisch verpleegkundige

### **Stuur deze brief niet mee met de aanvraag**

Geachte collega,

Uw patiënt(e) heeft de Immigratie- en Naturalisatiedienst gevraagd om in Nederland te kunnen verblijven vanwege zijn of haar medische situatie. Bureau Medische Advisering beoordeelt de medische omstandigheden van uw patiënt(e). Met deze brief verzoek ik u daarom enkele gegevens te overleggen.

Mocht u geen behandelaar zijn van deze patiënt(e), dan hoeft u uiteraard geen medische gegevens aan BMA te verstrekken. In dat geval verzoek ik u aan te geven dat u geen behandelaar bent.

### **Waarom dit verzoek?**

Bureau Medische Advisering (BMA) heeft in de bijlage bij deze brief voor u als medische behandelaar beschreven waarom medische informatie in bepaalde vreemdelingrechtelijke procedures van belang is. Ook vindt u in de bijlage verdere verduidelijking over de aard van de medische gegevens die wij van u vragen. Ik verzoek u deze bijlage goed te lezen.

### **Om welke medische informatie gaat het?**

We vragen u om zowel de psychiatrische problematiek als eventuele somatische klachten te beschrijven. Als er ook een behandelaar voor de somatiek door de patiënt(e) is gemachtigd, zal BMA deze behandelaar eveneens om medische gegevens vragen.

Verstuur geen antwoorden op vragen van andere instanties of van de advocatuur.

### **Hoe levert u de informatie aan?**

U kunt de medische patiëntinformatie op één van de volgende twee manieren aanleveren:

- u stelt zelf een brief op waarin u puntsgewijs onderstaande vragen beantwoordt, of
- u stuurt een kopie van de relevante medische gegevens waaruit de antwoorden op onderstaande vragen duidelijk worden (zoals een psychiatrisch behandelplan).

### **Waar moet u op letten bij het aanleveren van de informatie?**

1. Wat is/zijn de actuele of meest recent gestelde diagnose(s) (conform DSM V)
2. Wat zijn op dit moment de belangrijkste door u geconstateerde psychiatrische klachten en wat is het beloop van deze klachten?
3. Wat is de relevante medische voorgeschiedenis van uw patiënt(e)?  
Is er, voor zover u kunt nagaan, sprake geweest van klinisch psychiatrische opnames of gedwongen opname in een psychiatrische ziekenhuis in het kader van de Wet verplichte ggz (Wvggz) of de Wet zorg en dwang (Wzd), van psychotische klachten in het verleden, of van andere belangrijke crisissituaties zoals een tentamen suïcide? Zo ja, is er een directe aanleiding aan te geven waardoor deze crisis ontstond? (NB: het gaat hierbij uitdrukkelijk niet om het asielrelas en/of traumatische ervaringen in land van herkomst.)
4. Wat is de soort behandeling die al is ingezet of is geïndiceerd?  
Wat is de frequentie van de behandelcontacten en hoe lang zal de behandeling - naar verwachting - geïndiceerd zijn?
5. Welke geneesmiddelen worden momenteel aan de patiënt(e) voorgeschreven? Zijn er allergieën bekend met betrekking tot bepaalde medicatie en kunt u aangeven welke specifiek eerder voorgeschreven medicatie niet heeft gewerkt?
6. In het geval dat bij u bekend is dat mantelzorg aan de orde is (zorg door niet-professionals, zoals familie of vrienden) en dat dit ook een essentieel onderdeel is van de medische behandeling: kunt u aangeven wie deze mantelzorg geeft, op welke wijze precies en de frequentie ervan? (Het gaat hierbij niet om hulp bij financiën of om huishoudelijke hulp, maar wel bij bijvoorbeeld toezicht op inname van medicatie bij schizofrene patiënten.)

**Wie levert de gegevens aan bij BMA?**

De medische informatie kunt u meegeven aan uw patiënt(e). Doet u dit in het belang van uw patiënt(e) zo snel en volledig mogelijk, in een gesloten enveloppe met de aantekening 'medisch geheim'.

Uw patiënt(e) is verantwoordelijk voor de verzending van de volgende stukken naar de Immigratie- en Naturalisatiedienst:

- De enveloppe met de medische informatie die door u en de andere medische behandelaars van uw patiënt(e) is angeleverd, gericht aan Bureau Medische Advisering.
- De bijlage 'Toestemmingsverklaring medische gegevens'.
- De bijlage 'Bewijs omtrent medische situatie vreemdeling'.

**Vergoeding gemaakte kosten**

Uw kosten worden vergoed volgens de richtlijn voor schriftelijke informatieverstrekking van de Nederlandse Zorgautoriteit (NZA). Volgens wettelijke vereisten dient u de kosten te declareren door middel van een factuur.

Facturen worden sinds 1 juli 2020 verwerkt door het Financieel Diensten Centrum SSC DJI (FDC). Dit kan bij voorkeur digitaal, naar het emailadres [facturen@dji.minjus.nl](mailto:facturen@dji.minjus.nl).

Daarom dient u de factuur afzonderlijk, zonder de medische stukken, te versturen.

In de bijlage treft u de voorwaarden waaraan uw factuur moet voldoen. Verkeerd geadresseerde facturen of facturen die niet aan deze voorwaarden voldoen, kunnen niet in behandeling worden genomen.

**Heeft u vragen?**

Vragen over deze brief kunt u per email richten aan de IND. Dat kan via Zivver. Zivver is een middel om veilig met u te e-mailen en bestanden uit te wisselen. Lees meer over [veilig mailen via Zivver](#) op [ind.nl/stukken-opsturen](http://ind.nl/stukken-opsturen).

Met collegiale hoogachting,

*Artsengroep Bureau Medische Advisering*



## Brief en uitleg medisch specialist (niet GGZ)

### **Stuur deze brief niet mee met de aanvraag**

Geachte collega,

Uw patiënt(e) heeft de Immigratie- en Naturalisatiedienst gevraagd om in Nederland te kunnen verblijven vanwege zijn of haar medische situatie. Bureau Medische Advisering beoordeelt de medische omstandigheden van uw patiënt(e). Met deze brief verzoek ik u daarom enkele gegevens te overleggen.

Mocht u geen behandelaar zijn van deze patiënt(e), dan hoeft u uiteraard geen medische gegevens aan BMA te verstrekken. In dat geval verzoek ik u aan te geven dat u geen behandelaar bent.

### **Waarom dit verzoek?**

Bureau Medische Advisering (BMA) heeft in de bijlage bij deze brief voor u als medische behandelaar beschreven waarom medische informatie in bepaalde vreemdelingrechtelijke procedures van belang is. Ook vindt u in de bijlage verdere verduidelijking over de aard van de medische gegevens die wij van u vragen. Ik verzoek u deze bijlage goed te lezen.

### **Om welke medische informatie gaat het?**

Stuurt u mij informatie over de meest actuele stand van zaken in de medische situatie van uw patiënt(e). Maak daarbij in ieder geval gebruik van onderstaande vragen 1 t/m 6.

In de bijlage vindt u verdere uitleg en voorbeelden.

Verstuur geen antwoorden op vragen van andere instanties of van de advocatuur.

### **Hoe levert u de informatie aan?**

Gelet op bovenstaande, dient de informatie antwoord te geven op de volgende vragen:

1. Wat is/zijn de actuele of meest recent gestelde diagnose(s)?
2. Wat zijn op dit moment de belangrijkste door u geconstateerde klachten en wat is het beloop van deze klachten?
3. Wat is de relevante medische voorgeschiedenis van uw patiënt(e)? (NB: het gaat hierbij uitdrukkelijk niet om het asielrelas en/of traumatische ervaringen in land van herkomst, maar wel bijvoorbeeld om eerdere ziekenhuisopnames, behandelingen en/of doorgemaakte ziekteperiodes.)
4. Wat is de soort behandeling die al is ingezet of is geïndiceerd?  
Wat is de frequentie van de behandelcontacten en hoe lang zal de behandeling - naar verwachting - geïndiceerd zijn?
5. Vindt er - voor zover u bekend - op dit moment medische (specialistische) behandeling of diagnostiek plaats door andere medisch (super)specialisten dan het uwe? (NB: over eventuele behandeling door de huisarts wordt BMA meestal separaat ingelicht.)
6. Welke geneesmiddelen worden momenteel aan de patiënt(e) voorgeschreven? Zijn er allergieën bekend met betrekking tot bepaalde medicatie en kunt u aangeven welke specifiek eerder voorgeschreven medicatie niet heeft gewerkt?

**Wie levert de gegevens aan bij BMA?**

De medische informatie kunt u meegeven aan uw patiënt(e). Doet u dit in het belang van uw patiënt(e) zo snel en volledig mogelijk, in een gesloten enveloppe met de aantekening 'medisch geheim'.

Uw patiënt(e) is verantwoordelijk voor de verzending van de volgende stukken naar de Immigratie- en Naturalisatiedienst:

- De enveloppe met de medische informatie die door u en de andere medische behandelaars van uw patiënt(e) is aangeleverd, gericht aan Bureau Medische Advisering.
- De bijlage 'Toestemmingsverklaring medische gegevens'.
- De bijlage 'Bewijs omtrent medische situatie vreemdeling'.

**Vergoeding gemaakte kosten**

Uw kosten worden vergoed volgens de richtlijn voor schriftelijke informatie-verstrekking van de Nederlandse Zorgautoriteit (NZA). Volgens wettelijke vereisten dient u de kosten te declareren door middel van een factuur.

Facturen worden sinds 1 juli 2020 verwerkt door het Financieel Diensten Centrum SSC DJI (FDC). Dit kan bij voorkeur digitaal, naar het emailadres [facturen@dji.minjus.nl](mailto:facturen@dji.minjus.nl).

Daarom dient u de factuur afzonderlijk, zonder de medische stukken, te versturen.

In de bijlage treft u de voorwaarden waaraan uw factuur moet voldoen. Verkeerd geadresseerde facturen of facturen die niet aan deze voorwaarden voldoen, kunnen niet in behandeling worden genomen.

**Heeft u vragen?**

Vragen over deze brief kunt u per email richten aan de IND. Dat kan via Zivver. Zivver is een middel om veilig met u te e-mailen en bestanden uit te wisselen. Lees meer over [veilig mailen via Zivver](#) op [ind.nl/stukken-opsturen](#).

Met collegiale hoogachting,

*Artsengroep Bureau Medische Advisering*



## Bijlage: Aanvullende informatie bij het opvragen van medische informatie bij medisch behandelaars

### **Stuur deze bijlage niet mee met de aanvraag**

*U heeft van Bureau Medische Advisering (BMA) een brief ontvangen waarin u wordt verzocht medische informatie te geven. In deze bijlage leest u de achtergrond van dit verzoek, en wat er precies van u wordt gevraagd.*

*In deze bijlage zijn opmerkingen verwerkt van het KNMG, de NVVP en LHV over de inhoud van de vraagstelling, de redenen voor de vraagstelling en de voorbeelden.*

### **Waarom wij u vragen medische informatie te verstrekken**

De Immigratie- en Naturalisatiedienst (IND) laat zich in een aantal vreemdelingrechtelijke procedures adviseren door Bureau Medische Advisering over de medische situatie van een persoon. Zo'n procedure kan betrekking hebben op een aanvraag om een verblijfsvergunning regulier op medische gronden. Of op het uitstellen van het vertrek van een uitgeprocedeerde vreemdeling op grond van artikel 64 van de Vreemdelingenwet. Ook kan door de IND beoordeeld worden of op grond artikel 3 van het Europees Verdrag voor de Rechten van de Mens een verblijfsvergunning moet worden verleend. De IND vraagt BMA bij dergelijke procedures om een medisch advies op te stellen en betreft dat advies vervolgens bij de besluitvorming.

### **Wat houdt een BMA advies in?**

Centraal in het BMA-advies staat de beoordeling van de medische gevolgen voor de patiënt(e) als de medische behandeling zou worden gestaakt: leidt het uitblijven van de medische behandeling binnen drie maanden tot zes maanden een medische noodssituatie? Ook wordt gewogen, als dat aan de orde is, welke therapiemogelijkheden voor de patiënt(e) in het land van herkomst aanwezig zijn.

In hoeverre de vreemdeling feitelijk toegang heeft tot aanwezige therapiemogelijkheden, bijvoorbeeld financieel of geografisch, onderzoekt het BMA niet. Dit zijn namelijk vreemdelingrechtelijke voorwaarden waar de IND aan toetst.

### **Trauma en vertrouwensband**

Met enige regelmaat brengen medisch behandelaars in de informatie die zij aan BMA verstrekken, ook niet-medische omstandigheden ter sprake. Bijvoorbeeld het gevoel van onveiligheid van de patiënt(e) en de onmogelijkheid van het opbouwen van een vertrouwensband met een behandelaar in het land van herkomst. Dit zou dan het gevolg zijn van een door de vreemdeling gesteld ondervonden trauma in het land van herkomst.

De vragen die BMA aan u stelt gaan echter niet over het beoordelen van een (vermeend) trauma in relatie tot de asielaanvraag van betrokkenen. De vragen van BMA gaan alleen over het verhelderen van de actuele medische zorgvraag van uw patiënt(e). De aannemelijkheid van een trauma en de vraag of een trauma al dan niet gerelateerd is aan de asielaanvraag, worden door de IND in de asielprocedure onderzocht en beoordeeld. Dergelijke aspecten kan de vreemdeling in die procedure inbrengen. BMA-artsen hebben bij het opstellen van een medisch advies geen betrokkenheid bij de waarheidsvinding in de asielprocedure.

### **Vraagstelling door BMA**

Voor het schrijven van een degelijk medisch advies heeft BMA de medische informatie van de patiënt(e) nodig. Aan de hand van gerichte vragen wordt u verzocht om die medische informatie conform de KNMG Richtlijnen aan te leveren (zie: KNMG Richtlijnen inzake het omgaan met medische gegevens). Hierbij is de gehele actuele medische behandeling van de patiënt(e) van belang. Vaak bestaat deze behandeling uit diverse onderdelen en wordt deze vanwege meerdere tegelijk bestaande klachten uitgevoerd. Daarom kunnen wij u niet meer gerichte vragen voorleggen, dan die in onderstaande vraagstelling staan.

Beperkt u zich tot uitsluitend feitelijke medische informatie. Van u wordt niet verlangd te beoordelen of een medische nood situatie ontstaat bij het uitblijven van een behandeling. Ook wordt van u niet verlangd de beschikbaarheid van de behandel mogelijkheden in het land van herkomst en de reisvaardigheid van de patiënt(e) te beoordelen. De medisch adviseur van BMA beoordeelt dit, mede op basis van de door u aangeleverde, feitelijke medische informatie.

### **Toelichting en voorbeelden**

Hieronder worden enkele veel voorkomende situaties genoemd om aan te geven welke medische informatie relevant kan zijn. Deze voorbeelden dienen ter illustratie. Het is aan u om op grond van bovenstaande informatie af te wegen welke medische informatie relevant is of kan zijn.

U hoeft in ieder geval geen informatie aan te leveren over:

- klachten waarvoor geen medische behandeling noodzakelijk is, zoals een lichte huidaandoening waarvoor geen behandeling nodig is;
- klachten die in het verleden zijn behandeld, maar geen relatie meer hebben met de huidige behandeling (b.v. doorgemaakte infecties die succesvol zijn uitbehandeld met antibiotica);
- het asielrelas van uw patiënt(e) of de inhoud van traumatische ervaringen in het land van herkomst.

U dient, indien van toepassing, wel onderstaande vragen te beantwoorden en informatie aan te leveren over:

#### *Patiënten met een Post Traumatisch Stress Stoornis*

- Is bij uw patiënt(e) momenteel deze diagnose gesteld en zijn deze klachten momenteel actief aanwezig, of betreft het een reeds doorgemaakte PTSS waarbij er nog restklachten zijn? Benoem de bijkomende aandoeningen zoals depressie en somatische aandoeningen, verslaving of middelengebruik.
- Beloop en voorgeschiedenis van de medische klachten: eerdere (Wvggz) opnames, doorgemaakte psychoses, andere crisissituaties en eventuele medicatiewisselingen.
- Behandeling: psychotherapie en het soort psychotherapie, EMDR, de frequentie van therapiesessies. Benoem of en zo ja, welke psychofarmaca worden gegeven.

#### *Patiënten met schizofrenie*

- Is bij uw patiënt(e) momenteel de diagnose schizofrenie gesteld? Benoem de bijkomende aandoeningen (waaronder ook somatische aandoeningen), het ziekte-inzicht, ziektebesef en de medicatietrouw.
- Beloop en voorgeschiedenis: is er sprake van eerdere klinische opnames, doorgemaakte psychotische decompensaties en andere crisissituaties? Beschrijf eerdere BOPZ-maatregelen. Benoem eventuele medicatiewisselingen.
- Behandeling: ambulant of klinisch (open of gesloten) en de frequentie van de behandel sessies. Beschrijf eventueel bijzondere woonvormen zoals beschermd/begeleid wonen. Is er sprake van mantelzorg door familieleden die essentieel is voor het slagen van de medische behandeling? Benoem welke psychofarmaca worden gegeven.

#### *Patiënten met nierinsufficiëntie, diabetes mellitus, astma en/of hypertensie*

- Aanwezigheid van bijkomende aandoeningen en complicaties (zoals orgaanschade) die eventueel ook worden behandeld (mogelijk ook door andere specialisten).
- Beloop en voorgeschiedenis, indien bekend: beloop van de nierfunctie, beloop van de bloedsuikers, beloop van de longfunctie, exacerbaties/opnames wegens astma en beloop van de tensie. Eerdere ziekenhuisopnames en waarvoor.
- Behandeling: benoem welke medicatie wordt gegeven (bij dialyse patiënten wordt soms vergeten alle gegeven medicatie mee te sturen). Welke controles vinden er plaats en wat is de frequentie van de controles? Indien relevant: het soort dialyse (hemodialyse of peritoneal dialyse), of transplantatie geïndiceerd is of mogelijk al is uitgevoerd.



## Factuurvereisten

Uw factuur voldoet aan de bekende **wettelijke** vereisten en bevat:

1. uw volledige naam- en adresgegevens:
  - a) vermeld de juridische naam zoals geregistreerd bij de Kamer van Koophandel;
  - b) andere handelsnamen zijn alleen toegestaan als die in combinatie met de adresgegevens geregistreerd zijn bij de Kamer van Koophandel.
2. het volledige factuuradres van de IND, zoals onderaan deze brief vermeld;
3. uw Btw- en KvK-nummer;
4. het factuurnummer en de factuurdatum;
5. de datum en aard van de verrichte dienst;
6. het bedrag dat u in rekening brengt, exclusief btw (inclusief de omvang/hoeveelheid en de prijs per stuk);
7. het btw-bedrag gesplitst naar btw-categorie;
8. het totaal te betalen factuurbedrag.

Daarnaast voldoet uw factuur aan de **algemene** vereisten:

1. het bevat de volledige bankgegevens: naam rekeninghouder, IBAN, BIC/Swiftcode;
2. deze rekening is de rekening waarop het factuurbedrag uitbetaald zal worden;
3. de naam rekeninghouder/tenaamstelling correspondeert met de KvK-registratie.

Om uw factuur goed te kunnen verwerken en tijdig uit te betalen, vermeldt u:

1. de persoonsgegevens van de vreemdeling: voornaam, achternaam en geboortedatum;
2. het IND zaaknummer, op te geven als factuurkenmerk; alleen wanneer deze niet bekend is, volstaan een naam en geboortedatum.

### Let op!

- Verzamelfacturen worden niet geaccepteerd; per geleverde dienst dient een separate factuur verstuurd te worden.
- Betalingsverzoeken aan (zelfstandige) beroepsuitoefenaars worden alleen gehonoreerd indien er sprake is van een zelfstandige KvK-registratie. Indien dit niet het geval is, dient de zorginstelling zelf een factuur te sturen naar de IND.

De betaaltermijn bedraagt 30 dagen.

Wij behouden ons het recht voor om facturen, die niet aan al de bovenstaande vereisten voldoen, aan u te retourneren.

### Factuuradres:

Facturen worden sinds 1 juli 2020 verwerkt door het Financieel Diensten Centrum SSC DJI (FDC) en kunnen uitsluitend digitaal worden verzonden naar: [facturen@dji.minjus.nl](mailto:facturen@dji.minjus.nl).

