



## Application for the purpose of residence of 'medical treatment' (foreign national)

*Read the explanation before you start to fill out the form.*

### For whom is this form intended?

You can use this form if you want to apply for a residence permit for the purpose of residence 'medical treatment'.

Do you already have a residence permit? 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, such as an application for a permanent residence permit, an application for naturalisation or an application for a residence permit with purpose of residence 'humanitarian non-temporary', for example.

Please note! Do not fill out this form if you are in aliens detention (Section 59 of the Aliens Act) or in detention awaiting removal (Section 6 of the Aliens Act). In that case, you can express your wish to submit an application at the location you are staying or through your authorised representative.

### How do you fill out this form?

This form comprises different appendices. Which appendices you need to fill out depends on your situation. Only submit this application if you have filled out this form fully, signed and enclosed the required appendices. If your application is not complete, the IND will not be able to assess your application properly.

Further verification against other policy. During the assessment of your application, the IND can also verify whether you are eligible for a residence permit for another purpose. It concerns the following purposes:

- Carrying out private life on grounds of Article 8 of the ECHR
- Victim of human trafficking
- Being unable to depart from the Netherlands through no fault of one's own
- Medical treatment
- Residence on grounds of other humanitarian reasons
- Suspension of departure under Article 64 of the Aliens Act

If you are of the opinion that you also qualify for a residence permit on the basis of one of these purposes, please substantiate this with as many relevant documents as possible. Submit a copy of these documents together with this form.

### Providing correct information

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

### 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 Your personal details

Write in block letters

1.1 V-number (if known) 

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1.2 Citizen Service Number  
(if known) 

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

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

*First names*

1.4 Sex  
☐ Male  
☐ Female

1.5 Date of birth  

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

1.6 Place of birth

1.7 Country of birth  
(as stated in the passport)

1.8 Nationality

1.9 Home address  
*Street*

*Number*

*Postcode*

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*Town*

1.10 Telephone number 

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1.11 E-mail

## 2 Details of the lawyer

Write in block letters

2.1	Name of company		
2.2	Name authorised representative		
2.3	Name of contact		
2.4	Postal address	Street	Number
		P.O. box (if applicable)	
		Postcode	
		Town	
2.5	Telephone number		
2.6	E-mail		

## 3 What is your situation

> Please tick the applicable situation

**1. You are an asylum seeker who has exhausted all legal remedies or you are an asylum seeker whose asylum procedure is at the appeal stage and - pending the decision on this application - you want to be considered.**

☐ You want to submit an application for suspension of departure under Section 64 of the Aliens Act.

**2. You have a valid residence permit in the Netherlands and you want to change the residence permit to a different purpose of residence.**

☐ You want to submit an application for changing the purpose of residence of your residence permit.

**3. You have been granted suspension of departure under Section 64 of the Aliens Act**

<input type="checkbox"/>	from	Day	Month	Year				
	to	Day	Month	Year				

**4. You are in the Netherlands and you are a national of one of the following countries: Australia, Canada, Japan, New Zealand, the United States of America, South Korea, Monaco, Vatican City, the United Kingdom, the EU/EEA countries or Switzerland.**

☐ You want to submit an application for a residence permit with the purpose of stay 'medical treatment'

5. **You are abroad and your nationality is one whereby you will need a Regular Provisional Residence Permit (MVV) (a nationality other than the nationalities mentioned under 4). A Regular Provisional Residence Permit (MVV) is a visa with which you can enter the Netherlands for a stay of longer than 90 days. Having entered the Netherlands with a valid Regular Provisional Residence Permit (MVV) you can be issued with a residence permit.**
- ☐ You cannot use this form. You must apply for an mvv at the Dutch representation abroad. [The forms for this can be found on the IND website.](#)
6. **You are in the Netherlands. Your nationality is one whereby you will need a Regular Provisional Residence Permit (MVV) (a nationality other than the nationalities mentioned under 4). You will usually need a Regular Provisional Residence Permit (MVV) in order to apply for residence in the Netherlands. In the appendix 'Exemption from requirement for Regular Provisional Permit and special situations', you can read what an MVV is and in which cases an MVV is not necessary. This appendix also states which means of proof you must enclose with the application.**
- ☐ You want to submit an application for a residence permit (without a Regular Provisional Residence Permit (MVV) for medical treatment. > *Please indicate below which situation applies.*
- You are applying for an exemption from the obligation to apply for a regular provisional residence permit because:
- ☐ the validity of your residence permit has expired;
  - ☐ you are unable to apply for a regular provisional residence permit in your country of origin for health reasons;
  - ☐ you, as a family member, are staying with someone who has had a privileged status;
  - ☐ you have worked on a Dutch sea-going vessel or a mining installation on the Continental Shelf for 7 years or longer;
  - ☐ you were born in the Netherlands, you are 12 years of age or younger, and you did not move your main residence to outside the Netherlands;
  - ☐ you are a victim of human trafficking or a witness reporting human trafficking;
  - ☐ you are the minor child of a holder of a residence permit on temporary human grounds, associated with human trafficking or honour-related violence or domestic violence;
  - ☐ you are unable to depart from the Netherlands;
  - ☐ you are a minor child and you have actually resided in the Netherlands for a period of at least 3 years;
  - ☐ you are unable to leave the Netherlands because this is contrary to Article 8 of the ECHR;
  - ☐ you do not have a residence permit and you are a victim of or witness reporting human trafficking. You cannot or will not file a report or collaborate in another way with the criminal investigation and prosecution of the human trafficker because of important reasons;
  - ☐ you qualify for a residence permit with the purpose of residence 'cross-border service provision';
  - ☐ you are the victim of human trafficking and you cannot or you do not want to report this to the police or render your cooperation in the criminal investigation and prosecution of the human trafficker otherwise due to serious threats and/or a medical or psychological impairment;
  - ☐ another reason: there are special and individual circumstances on the basis of which you are unable to return to your country of origin to apply for a Regular Provisional Residence Permit.

## 4 Tuberculosis

You want to apply for a residence permit in the Netherlands. You may need to undergo an examination and treatment for tuberculosis (TB). This depends on your situation.

> *Please tick the applicable situation*

- ☐ You do not need to undergo a TB test because you have a valid residence permit in the Netherlands.
- ☐ You do not need to undergo a TB test because you are a national of one of the following countries: the EU/EEA countries, Australia, Canada, Israel, Japan, Monaco, New Zealand, Suriname, the United Kingdom, the United States of America or Switzerland.
- ☐ You do not need to undergo a TB test because you were born in the Netherlands and you have not changed the location of your principal place of residence to outside the Netherlands since your birth.

You have a different nationality and:

- ☐ have already undergone a TB test in the Netherlands. Enclose an original and recent 'TB test referral form' with the application. This form is the proof that you have undergone a TB test in the Netherlands. The form may not be more than 6 months old.
- ☐ have not yet undergone a TB test in the Netherlands. Then you should complete the Appendix Declaration of intent to undergo a TB test' and send this together with the application. You must sign this appendix yourself.

Make an appointment for the test with the Municipal Health Service (GGD) in the region where you live or where you will be living (for further information, visit the website [www.ggd.nl](http://www.ggd.nl)). Take the appendix 'TB test referral form' with you to the Municipal Health Service (GGD). The Municipal Health Service (GGD) will then send the form to the IND.

## 5 Means of evidence

### Special facts and circumstances

If you think special facts and circumstances may apply, that have to be considered when assessing your application, you have to provide a written declaration. You have to substantiate this declaration with as many (official) means of evidence as possible.

If you submit special circumstances in the context of Article 3.6ba, first paragraph, of the Aliens Decree, you must only submit these circumstances if this concerns your first application submitted in the Netherlands.

> *Please tick the applicable situation and follow the instructions*

### ☐ You are receiving medical treatment (410 - 411)

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 the 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. For more information about the means of evidence see the Appendix 'Explanation and means of evidence medical circumstances'.

## 6 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 your signature. See the appendix Fingerprints, passport photo and signature.
- Fill out the Antecedents certificate appendix and submit this appendix together with your application.

## 7 Identification

Please submit a copy of your passport stating your identity details together with this form. Also make copies of the pages with travel stamps. Do not copy any empty pages.

## 8 Signing by the foreign national

Signing this form will bring you rights and obligations. If you do not know what these rights and obligations are, then visit the website [www.ind.nl](http://www.ind.nl).

- ✓ 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 my situation, which will affect my right of residence, without delay to the IND. I am aware that if I do not do this, it may affect my right of residence as foreign national. I know that I may incur an administrative fine.
- ✓ I know what my rights and obligations are.

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

8.2 Name \_\_\_\_\_

8.3 Place and date *Place* \_\_\_\_\_

Day		Month		Year		

8.4 Signature \_\_\_\_\_

## **9 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 (by the foreign national)'. You do not have to pay for this application if you have had at least one year of suspension of departure under Section 64 of the Aliens Act, prior to this application.







## 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

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

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

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.*

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

Have you ever stayed illegally in the Netherlands? ☐ Yes ☐ No

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



## 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) 

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2.2 Name 

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2.3 Date of birth 

<i>Day</i>	<i>Month</i>	<i>Year</i>								
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2.4 **Place and date** *Place* 

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<i>Day</i>	<i>Month</i>	<i>Year</i>								
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2.5 **Signature** 

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### 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).

#### **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 of intent to undergo a TB test

In order to obtain a residence permit, you (or the person you represent) must be prepared to undergo a tuberculosis (TB) test and - if necessary - treatment. If you submit the completed declaration of intent to undergo a TB test to the IND together with your application (and also meet all other conditions), the IND will grant you a residence permit as soon as possible.

You are granted this permit under the express condition that you will actually undergo a TB test within three months after having received your residence permit. Should it become clear after the issue of a residence permit that - despite signing the declaration of intent - you failed to undergo a TB test within the period of three months, this may result in a cancellation of the permit that was granted.

Enclose the completed and signed declaration of intent with your application before you make an appointment with the Municipal Health Service. In doing so, you declare that you are prepared to undergo a TB test and, if necessary, TB treatment. For the appointment with the Municipal Health Service, you must complete the referral form as much as possible (part 1) and take it with you.

The obligation to undergo the test does not apply if you are a national of one of the countries listed in the appendix 'Exemption from the obligation to undergo a tuberculosis (TB) test'. Nor does the obligation to undergo the test apply if you have an EU residence permit for long-term residents issued by another EU country or are his/her family member and were already admitted to another EU country as a family member of the long-term resident.



## 1 Details of foreign national to be tested (the applicant)

**Write in block letters**

1.1 Application for a permit for the purpose of work, learning while working or study?

- ☐ Yes  
☐ No

1.2 V-number (if known)

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1.3 Name  
(as stated in the passport)

*Surname*

*First names*

1.4 Sex

- ☐ Male  
☐ Female

1.5 Date of birth

Day		Month		Year			

1.6 Place of birth

1.7 Country of birth  
(as stated in the passport)

1.8 Nationality

1.9 Civil status

- ☐ unmarried (single or living together)  
☐ married  
☐ registered partnership  
☐ divorced  
☐ widow/widower

1.10 Home address

*Street*

*Number*

*Postcode*

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*Town*

1.11      Details passport

Number

Country

Valid from (date)	Day			Month			Year				

To (date)	Day			Month			Year				

1.12.1      Do you have a spouse or  
              (registered) partner?

- ☐ No  
          > Go to 2 'Signing'
- ☐ Spouse  
          > Please complete the requested details below
- ☐ Registered) partner  
          > Please complete the requested details below

1.12.2      Name  
              (as stated in the passport)

Surname

First names

1.12.3      Sex

- ☐ Male
- ☐ Female

1.12.4      Nationality

1.12.5 Home address

Street

Number

Postcode

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Town

## 2 Signing

- ✓ I hereby declare that I am prepared to cooperate in a tuberculosis test and any treatment.
- ✓ I am aware of the fact that I must undergo a TB test within three months after the residence permit has been received. If I fail to do so, this might have consequences for my right of residence in the Netherlands.

2.1 Name of foreign national

2.2 Place and date

Place

Day		Month		Year			

2.3 Signature of foreign national

2.4 Name in case of legal representative

2.5 Place and date

Place

Day		Month		Year			

2.6 Signature of legal representative

### 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 TB test referral form

In order to obtain a residence permit, you (or the person you represent) must be prepared to undergo a tuberculosis (TB) test and - if necessary - treatment. If you submit the completed declaration of intent to undergo a TB test to the IND together with your application (and also meet all other conditions), the IND will grant you a residence permit as soon as possible.

You are granted this permit under the express condition that you will actually undergo a TB test within three months after having received your residence permit. Should it become clear after the issue of a residence permit that - despite signing the declaration of intent - you failed to undergo a TB test within the period of three months, this may result in a cancellation of the permit that was granted.

In order to undergo the TB test, you must make an appointment with the Municipal Health Service. For this appointment, you must complete the referral form as much as possible (part 1) and take it with you.

Please complete the referral form before you make an appointment with the Municipal Health Service. See also [www.ggd.nl](http://www.ggd.nl) for information about the Municipal Health Service. The completed form signed by the Municipal Health Service, showing that you underwent a TB test, must have been received by the IND from the Municipal Health Service within three months after having received your residence permit.

The obligation to undergo the test does not apply if you are a national of one of the countries listed in the appendix 'Exemption from the obligation to undergo a tuberculosis (TB) test'. Nor does the obligation to undergo the test apply if you have an EC residence permit for long-term residents issued by another EU country or are his/her family member and were already admitted to another EU country as a family member of the long-term resident.



## 1 Details of foreign national to be tested (the applicant)

The State Secretary for Justice and Security asks the director of the Municipal Health Service to test the below-mentioned person for tuberculosis (in the respiratory organs), as referred to in the Aliens Act Implementation Guidelines.

**Write in block letters**

> The foreign national (the applicant) completes this section (part 1)

1.1	V-number (if known)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														
1.2	Name (as stated in the passport)	<p><i>Surname</i></p> <hr/> <p><i>First names</i></p> <hr/>														
1.3	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female														
1.4	Date of birth	<table><tr><th>Day</th><th>Month</th><th>Year</th></tr><tr><td><table border="1"><tr><td></td><td></td></tr></table></td><td><table border="1"><tr><td></td><td></td></tr></table></td><td><table border="1"><tr><td></td><td></td><td></td><td></td></tr></table></td></tr></table>	Day	Month	Year	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
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1.5	Place of birth	<hr/>														
1.6	Country of birth (as stated in the passport)	<hr/>														
1.7	Nationality	<hr/>														
1.8	Civil status	<input type="checkbox"/> unmarried (single or living together) <input type="checkbox"/> married <input type="checkbox"/> registered partnership <input type="checkbox"/> divorced <input type="checkbox"/> widow/widower														
1.9	Home address (in the Netherlands)	<p><i>Street</i></p> <hr/> <p><i>Number</i></p> <hr/> <p><i>Postcode</i></p> <hr/> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <p><i>Town</i></p> <hr/>														

1.10      Details passport

Number

Country

Valid from (date)

Day	Month	Year

To (date)

Day	Month	Year

1.11.1      Do you have a spouse or  
(registered) partner?

- ☐ No
- ☐ Spouse  
    > Please complete the requested details below
- ☐ (Registered) partner  
    > Please complete the requested details below

1.11.2      Name  
(as stated in the passport)

Surname

First names

1.11.3      Sex

- ☐ Male
- ☐ Female

1.12.4      Nationality

1.12.5      Home address

Street

Number

Postcode

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

Town

## 2 Statement by physician from the Municipal Health Service

The undersigned, employed by the Municipal Health Service as a physician, states that he/she has, for the State Secretary for Justice and Security, tested the foreign national referred to in this form for tuberculosis (in the respiratory organs) under the below number.

*> The physician from the Municipal Health Service completes this section (part 2)*

2.1 Name of Municipal Health Service

---

2.2 Name of physician

---

2.3 Test number and date

*Test number*

---

*Day Month Year*

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

2.4 Place and date

*Place*

---

*Day Month Year*

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

2.5 Signature of physician

---

*> The Municipal Health Service sends this completed and signed statement to the Immigration and Naturalisation Service. Use the address that applies to the situation of the foreign national.*

2.6 Submit form

Did the foreign national submit an application for the residence purpose of work, scientific researcher, highly skilled migrant, work experience, seasonal labour or study?

**Yes**

Immigratie-en Naturalisatiedienst  
Postbus 5  
9560 AA Ter Apel

**No**

Immigratie-en Naturalisatiedienst  
Postbus 17  
9560 AA Ter Apel

### Processing of personal data

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## Appendix Exemption from the obligation to apply for a regular provisional residence permit and special situations

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

Usually, you will need a regular provisional residence permit (in Dutch: machtiging tot voorlopig verblijf; hereinafter MVV) in order to apply for residence in the Netherlands. You do not apply for a MVV in the Netherlands, but in your country of origin or in the country where you may reside for more than 90 days under a residence permit (your country of continuous residence).

Sometimes, you do not require an MVV. These situations are mentioned and explained below. Please read all situations first. Then tick in the application form the situation that applies and enclose the requested documents with the application form.

### **1. Your residence permit has expired**

The validity of your residence permit is stated in your residence document. If you have been unable to extend the validity of your residence permit or to change the restriction in time, you must state the reason for this in a separate letter. Enclose this letter and as many pieces of evidence and documents as possible with your application in order to substantiate your story.

### **2. For health reasons, you are unable to apply for an MVV in your country of origin**

If you are in the Netherlands and, for medical reasons, it is not wise for you to travel to your country of origin, you do not have to apply for an MVV. You have to prove this with certain pieces of evidence and documents. You must enclose all the means of evidence mentioned in the Appendix 'Explanation and means of evidence medical circumstances', which you can find on [www.ind.nl](http://www.ind.nl). Read the appendix carefully and follow the instructions.

The IND asks the independent physician from the IND's Medical Advisors Office (Bureau Medische Advisering or BMA) for advice about your medical situation. If you do not submit all the requested details, then BMA cannot advise and the IND can not assess whether your medical situation is grounds for exemption from the MVV requirement.

### **3. You have a valid residence permit issued in a Schengen country**

You do not require an MVV if:

- you have a valid regular residence permit\* issued in a Schengen country\*\*; and
- a recognised sponsor has applied for your residence permit; and
- you meet the requirements for the purpose of residence.

Your family members also do not need to have an MVV if:

- they already had a residence permit to stay with you in the other Schengen country; and
- their application for a residence permit is submitted by a recognised sponsor.

\* Do you have a residence permit for asylum? Then you do need an mvv.

\*\* Visit [www.netherlandsworldwide.nl](http://www.netherlandsworldwide.nl) to find out which countries belong to the Schengen area.

### **4. You are residing as a privileged family member of a staff member of a foreign diplomatic or consular post accredited in the Netherlands who has (had) a privileged status**

Your family member qualifies for a permanent residence permit him/herself. If you are residing as a family member with someone having a privileged status and you currently also have a privileged status yourself, you do not require an MVV. This only applies if you and the family member you are residing with have submitted an application for a permanent residence permit simultaneously.



**5. You have resided in the Netherlands on the grounds of a special privileged status as an accredited member of an international organisation or you have resided in the Netherlands as his/her family member.**

**6. You worked on a Dutch seagoing vessel or in a mining installation on the continental shelf for 7 years or longer**

If you can demonstrate that you worked on a Dutch seagoing vessel or on the continental shelf for 7 years or longer, you do not require an MVV. Please enclose the proof hereof with this application.

**7. You have Turkish nationality and you worked legally in the Netherlands over the past year.**

If you have Turkish nationality and you have worked legally in the Netherlands for the same employer in the past year, you do not need an MVV. This only applies if you want to continue to work as an employee for the same employer in the Netherlands.

**8. You are the spouse, registered partner or minor child of a Turkish employee. You have been admitted to the Netherlands with this employee and have lived together with this employee continuously for three years**

If you have been admitted to the Netherlands as the spouse, registered partner or minor child of a Turkish employee and you have legally lived with this employee in the Netherlands for three years, you do not need an MVV.

**9. You are the child of a Turkish worker and you completed vocational training in the Netherlands**

If you are the child of a Turkish employee, who has been legally employed in the Netherlands for at least three years, and you have completed a vocational training course in the Netherlands, you do not need an MVV.

**10. You come under the scope of Decision 1/80 or the Additional Protocol. There are special individual circumstances that prevent you from applying for an MVV. You meet all other conditions for granting the residence permit**

Indicate the special, individual circumstances in a separate letter. Enclose the letter and the means of evidence showing the special circumstances with the application form.

**11. You are the spouse, registered partner or child of a Turkish employee or a Turkish self-employed person. You want to stay in the Netherlands with that Turkish employee or Turkish self-employed person and there are special and individual circumstances. If you have to leave the Netherlands to apply for an MVV, the Turkish employee or self-employed person is forced to go with you due to these special and individual circumstances**

Indicate the special, individual circumstances in a separate letter. Enclose the letter and the means of evidence showing the special circumstances with the application form.

**12. You were born in the Netherlands, you are 12 years of age or younger and you did not move the location of your principal residence outside the Netherlands**

A child aged 12 or younger, born in the Netherlands and forming part of the family of the sponsor (who did not move the location of his principal residence outside the Netherlands either) does not require an MVV. The parent(s) must lawfully reside in the Netherlands.

**13. You qualify for a residence permit with the purpose of residence 'cross-border service provision'.**

You do not need an MVV if you qualify for this residence permit.

**14. You are a victim of or witness reporting human trafficking**

If you are a victim of or witness reporting human trafficking, you must report to the police. You may be entitled to a residence permit based on this report. You are not obliged to submit a separate application for this. In that case, you do not need an MVV.

**15. You do not have a residence permit and you are a victim of or witness reporting human trafficking. You cannot or will not file a report or collaborate in another way with the criminal investigation and prosecution of the human trafficker because of important reasons.**

If you do not have a residence permit, are a victim of or witness reporting human trafficking and you cannot or will not file a report or collaborate in another way with the criminal investigation and prosecution of the human trafficker because of important reasons. You do not need an MVV if you qualify for a residence permit with the purpose of stay "temporary humanitarian" for these reasons.

**16. You do not have a residence permit and you have fallen victim to (or might fall victim to) honour-related violence or domestic violence.**

You do not need an MVV if you qualify for a residence permit with the purpose of stay "temporary humanitarian" for these reasons.

**17. You are a minor child of a person who has a residence permit on temporary humanitarian grounds in connection with human trafficking or honour-related violence or domestic violence**

If you are the minor child of someone who has a residence permit on temporary humanitarian grounds, as referred to above, and you are staying in the Netherlands with this parent, then you may be eligible for exemption from the requirement for an MVV.

**18. You are unable to depart from the Netherlands**

If you are not to blame for being unable to depart from the Netherlands, because you do not have a valid passport and, for valid reasons, you cannot be put into the possession of alternative travel documents, you do not require an MVV.

**19. You are a minor child and you actually resided in the Netherlands for at least three years**

You do not require an MVV if you:

- are under age;
- actually resided in the Netherlands for at least three years;
- are of school age; and
- intend to reside with a Dutch citizen or a sponsor with lawful residence.

**20. You are unable to leave the Netherlands because this is contrary to Article 8 of the ECHR**

You believe that you are unable to leave the Netherlands because it is an interference on your family or private life as set out in Article 8 of the ECHR. Enclose the following evidence with your application:

*In case of an appeal for protection of your family life:*

- evidence showing the relationship pertaining to family law between you and the sponsor, for example a copy of a birth certificate; and
- evidence showing how you conduct your family life with the sponsor.

*In case of an appeal for protection of your private life:*

- evidence showing your connections with the Netherlands and which also shows the intensity of these connections.

**21. You want to reside with your Dutch minor child of whom you are the only carer parent**

If you are the only carer parent of a Dutch minor child who you have to support and who must leave the European Union if no residence permit is granted to you, you do not require an MVV.

**22. You resided in another EU country as a holder of a European Blue Card and you apply for an European Blue Card in the Netherlands**

You do not need to have an MVV if you apply for a European Blue Card in the Netherlands and you have stayed in another EU country as a holder of the European Blue Card for at least 12 months (mobility), or have stayed in another EU country as a holder of a European Blue Card for at least six months after such stay (subsequent mobility).

**23. You resided as a family member with a holder of a European Blue Card in another EU country**

Please enclose with this application the documentary evidence showing the nature and duration of the residence in the other EU country.

**24. You are the victim of human trafficking and you are unwilling or unable to file a report of this or collaborate in another way with the criminal investigation and prosecution of the human trafficker in connection with serious threats, and/or a medical or psychological limitation and/or you being a minor.**

You do not need an MVV if you can show that you are unable or unwilling to file a report or collaborate in another way with the criminal investigation and prosecution of the human trafficker in connection with serious threats, and/or a medical or psychological limitation and/or you being a minor. You are required to prove this by means of the following evidence:

- a statement from the police showing that there are indications that you are the victim of trafficking in human beings.

Add at least one of the three following statements:

- a statement from the police showing that you cannot be expected to collaborate in the criminal proceedings because of serious threats here in this country from the trafficker in human beings; or
- a dated and signed written declaration, not older than six weeks, from a medical practitioner, including:
  - the medical practitioner's name, address and registration number under the medical practitioner in the Individual Healthcare Professions Register (BIG), or the Netherlands Institute of Psychologists register;
  - which medical symptoms you have;
  - the effect of your medical symptoms for the collaboration in the criminal proceedings.

a statement from the police or Royal Netherlands Marechaussee (KMar) stating that you, in connection with being a minor, can not be expected to collaborate with the criminal proceedings. This statement contains detailed and specific comments on your individual situation, addressing the consequences of you being a minor for the collaboration in the criminal proceedings. You will only assumed to be a minor based on identifying documents, or when established by the IND (as described in paragraph C1/2.2 of the Aliens Act Implementation Guidelines).

**25. You have been a victim of work-related exploitation without a right of residence or you have been employed as a minor without a right of residence and you are eligible for a residence permit under a restriction related to temporary humanitarian grounds or you are the minor child under his/her authority..**

There is a criminal investigation or investigation for prosecution of the former employer of the foreign national, or a trial of the former employer before the court. The foreign national cooperates with the investigation. If the criminal investigation or investigation for prosecution has already been completed, there must be a wage claim procedure before the subdistrict court as referred to in Section 23(5) of the Foreign Nationals Employment Act (in Dutch: Wet Arbeid Vreemdelingen or Wav).

**26. You have a long-term residence permit in another EU country.**

Your family members do not need to apply for an MVV either. However, these family members must have lived with you in the other EU country.

**27. You have a residence permit as a researcher under Directive (EU) 2016/801 in another EU country. You come to do research in the Netherlands on the basis of long-term mobility.**

Your family members do not need to apply for an MVV either. However, these family members must have lived with you in the other EU country.

**28. You have temporary protection and you qualify for a temporary regular residence permit with a purpose of residence related to seasonal work, work as an employee, work as a highly skilled migrant or work as a self-employed person.**

**29. You are a minor foreign national. You are eligible for a 'humanitarian temporary' or 'humanitarian non-temporary' residence permit because you have been put under supervision by the juvenile court**

Your family members who qualify for a residence permit to stay with you, also do not need to apply for an MVV

**30. Other**

You want to apply for a regular residence permit and do not have a valid or correct MVV. If none of the other grounds for MVV exemption apply to your situation, you may be able to obtain a residence permit without an MVV only if special and individual circumstances apply. Explain in a separate letter why it is not possible for you to apply for an MVV in your country of origin or country of continuous residence. State all special and individual circumstances that should be included in the assessment. Are you applying for a residence permit to stay with a family member? Please also indicate who your family members are. State whether they have the right of residence in the Netherlands and any special circumstances of these family members. Enclose the letter with the application form.

**31. How do you submit the application?**

If you rely upon one of the exemptions from the MVV-requirement, you must submit the application immediately at the counter. Submitting an application to an Immigration and Naturalisation Service (IND) counter is by appointment only. Information about making appointments can be found on the website [www.ind.nl](http://www.ind.nl). You will receive an invitation letter after making the appointment.





## Appendix Declaration of relationship

Only complete this declaration if you apply for a residence permit for residence with or for your unmarried partner.  
Please note! If the declaration of relationship is not completed truthfully, this will constitute an offence, which will be reported in all cases.

### 1 Details of sponsor (the partner)

*Write in block letters*

1.1 Name  
(as stated in the passport)

*Surname*

*First names*

1.2 Sex

- ☐ Male  
☐ Female

1.3 Date of birth

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

1.4 Place of birth

1.5 Country of birth  
(as stated in the passport)

1.6 Nationality

1.7 Civil status

- ☐ unmarried (single or cohabiting)  
☐ married  
☐ registered partnership  
☐ divorced  
☐ widow/widower

1.8 Home address

*Street*

*Number*

*Postcode*

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

*Town*



## 2 Details of foreign national

*Write in block letters*

2.1 V-number (if known)

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

2.2 Name  
(as stated in the passport)

*Surname*

*First names*

2.3 Sex

- ☐ Male  
☐ Female

2.4 Date of birth

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

2.5 Place of birth

2.6 Country of birth  
(as stated in the passport)

2.7 Nationality

2.8 Civil status

- ☐ unmarried (single or cohabiting)  
☐ married  
☐ registered partnership  
☐ divorced  
☐ widow/widower

2.9 Home address

*Street*

*Number*

*Postcode*

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

*Town*

### 3 Declaration

The sponsor and the foreign national declare that they maintain an exclusive relationship and that they are running (or will be running) a joint household, and that they have been (or will be) cohabiting at the address mentioned under 1.8, from:

3.1 Date

Day		Month		Year			

If you are not living together because your partner does not yet live in the Netherlands, please provide the expected date of arrival in the Netherlands).

The sponsor and the foreign national both declare that they will notify the Immigration and Naturalisation Service within 4 weeks if their exclusive relationship ends. Please use the 'Notification form for family members and relatives', which you can download from [www.ind.nl](http://www.ind.nl).

### 4 Signing

✓ I have completed this form truthfully.

4.1 Name

---

4.2 Place and date

Place

---

Day		Month		Year			

4.3 Signature of foreign national

---

4.4 Signature of sponsor

---

#### Processing of personal data

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## Appendix Certificate of non-impediment

This statement only applies to children aged 15 years or older. With this statement you indicate whether you are (or have been) married and whether you are in a relationship.

*Please note!* Not completing this *Certificate of non-impediment* truthfully is an offense of which in all cases a report will be made.

This statement can be completed and signed by you (child aged 15 or older), your legal representative or sponsor.

### 1 Details of foreign national

*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

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

1.5 Place of birth

1.6 Country of birth  
(as stated in the passport)

1.7 Nationality

1.8 Civil status

- ☐ unmarried (single or cohabiting)  
☐ married  
☐ registered partnership  
☐ divorced  
☐ widow/widower

1.9 Are you in a relationship (other  
than marriage or registered  
partnership)?

- ☐ Yes  
☐ No



1.10 Home address

Street

Number

Postcode

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

Town

1.11 Details passport

Number

Country

Valid from (date)

Day

Month

Year

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

to

Day

Month

Year

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

## 2 Declaration

Please note! Tick 'yes' or 'no' after each statement and do not skip any lines.

> Please tick

I declare that:

- I am married.
- I have entered into a registered partnership.
- I am divorced.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of former spouse or registered partner:

---

- I am a widow or widower.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Name of deceased spouse or registered partner:

---

- I have a long-term and exclusive relationship with someone (a relationship similar to a marriage but you are not married).
- I do have the care of a child or children.
- I live independently (on my own).
- I live with my (adoptive or foster) parent(s).
- I provide for my own livelihood. This means, among other things, that you are financially able to buy food and clothing yourself.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Explanation (optional)*

---

---

---

### 3 Signing

- ✓ I have completed this form truthfully.
- ✓ I know that not being honest about my marital status, this could have negative consequences for my application.
- ✓ I know that if something changes in my situation as a result of which my statements on this form are no longer correct, I must report this to the IND as soon as possible.

3.1 Name

---

3.2 Place and date

*Place*

---

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

3.3 Signature

---

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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										
2.2	Chamber of Commerce number										
2.3	Withholding tax number										
2.4	Visiting address	Street									
		Number									
		Postcode									
		Town									

## 3 Employment details

Write in block letters

3.1	Position of employee										
3.2	Date of employment	Day		Month		Year					
3.3	Nature of the employment	<div><input type="checkbox"/> Permanent employment contract</div> <div><input type="checkbox"/> Temporary employment contract</div> <div><input type="checkbox"/> On-call contract<div><input type="checkbox"/> Zero hours contract</div><div><input type="checkbox"/> Contract with minimum-maximum hours</div><div><input type="checkbox"/> On-call contract with preliminary agreement</div></div> <div><input type="checkbox"/> Contract with an employment agency</div> <div><div>ABU</div><div><input type="checkbox"/> Fase A</div><div><input type="checkbox"/> Fase B</div><div><input type="checkbox"/> Fase C</div></div> <div><div>NBBU</div><div><input type="checkbox"/> Fase 1</div><div><input type="checkbox"/> Fase 2</div><div><input type="checkbox"/> Fase 3</div><div><input type="checkbox"/> Fase 4</div></div>									
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?	<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>									

3.5 Employment period

> Please tick the applicable situation and fill in

- 3.5.1 ☐ Temporary employment contract

from

Day	Month	Year

up to and including  
(last day of employment contract)

Day	Month	Year

- 3.5.2 ☐ Permanent employment contract

from

Day	Month	Year

- 3.6 Is there a trial period?

☐ No

☐ Yes, up to and including:

Day	Month	Year

- 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

€						
---	--	--	--	--	--	--

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

☐ Per month, or

☐ Per 4 weeks

All amounts rounded to whole euros

€						
---	--	--	--	--	--	--

- 3.10 Net salary (excluding holiday allowance)

☐ Per month, or

☐ Per 4 weeks

All amounts rounded to whole euros

€						
---	--	--	--	--	--	--

- 3.11 Holiday allowance

		%
--	--	---

- 3.12 Period of residence in the Netherlands (maximum of 3 years)

Date of entry

Day	Month	Year

**Only for the International Trade Regulation**

up to and including

Day	Month	Year

## 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 

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

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

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

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 banenafsporaak) for at least 2 years on the basis of the act 'Wet banenafpraak en quorum 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)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																												
1.2	Name (as stated in the passport)	<div>Surname</div> <div>First names</div>																												
1.3	Date of birth	<table><tr><th>Day</th><th>Month</th><th>Year</th></tr><tr><td><table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td><td><table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td><td><table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr></table>	Day	Month	Year	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
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1.4	Place of birth																													
1.5	Country of birth (as stated in the passport)																													
1.6	Nationality																													
1.7	Home address	<div>Street</div> <div>Number</div> <div>Postcode</div> <div>Town</div>																												
1.8	Name of the company																													



1.9 Visiting address

Street

Number

Postcode

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

Town

1.10 Chamber of Commerce  
registration number

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## 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*	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">€</td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table>	€																			
€																						
3.9	Status of processing of tax return by the Tax and Customs Administration	<p>Please enclose from the last completed financial year and the current financial year a copy of:</p> <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?	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </div> <div> <p>&gt; Please enclose an explanation in a separate appendix</p> </div> </div>																				
<b>Next-to-last closed financial year</b>																						
3.11	Financial year (from/to)	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;">from</div> <div style="margin-right: 10px;">Day</div> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table> <div style="margin-right: 10px;">Month</div> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table> <div style="margin-right: 10px;">Year</div> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table> </div> <div style="margin-top: 10px;"> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;">To</div> <div style="margin-right: 10px;">Day</div> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table> <div style="margin-right: 10px;">Month</div> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table> <div style="margin-right: 10px;">Year</div> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table> </div> </div>																				
3.12	Profits or share in the profits from business activities in accordance with the financial statements (see explanation)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">€</td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table>	€																			
€																						
3.13	Amount stated at 3.12, divided by the number of months in the most recently closed financial year	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">€</td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table>	€																			
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3.14	Corrections of the above (share in the) profits from business activities for taxable profit*	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">€</td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table>	€																			
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3.15	Taxable profit*	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">€</td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table>	€																			
€																						
3.16	Status of processing of tax return by the Tax and Customs Administration	<p>Please enclose from the next-to-last closed financial year a copy of:</p> <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?	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </div> <div> <p>&gt; Please enclose an explanation in a separate appendix</p> </div> </div>																				

(\*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  
(as stated in the passport)

*Surname*

*First names*

5.2 Name of the company

5.3 Chamber of Commerce  
registration number

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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							
5.5	Place and date	Place						
		<table border="0" style="margin: auto;"><tr><td style="text-align: center; padding: 0 10px;"><i>Day</i></td><td style="text-align: center; padding: 0 10px;"><i>Month</i></td><td style="text-align: center; padding: 0 10px;"><i>Year</i></td></tr><tr><td style="border: 1px solid black; width: 30px; height: 30px;"></td><td style="border: 1px solid black; width: 30px; height: 30px;"></td><td style="border: 1px solid black; width: 30px; height: 30px;"></td></tr></table>	<i>Day</i>	<i>Month</i>	<i>Year</i>			
<i>Day</i>	<i>Month</i>	<i>Year</i>						
5.6	Signature of administrator/ accountant							

<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  
(as stated in the passport)

*Surname*

*First names*

1.3 Date of birth

<i>Day</i>	<i>Month</i>	<i>Year</i>								
<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>				



## 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

*Street*

---

*Number*

---

Postcode

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	45%

### 3.8 Telephone number

#### 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

#### 4.2 Place and date

Place

Day

Month

Year

4.3 Name of legal representative

#### 4.4 Place and date

Place

Day

Month

Year

#### 4.5 Signature of foreign national

#### 4.6 Signature of legal representative

**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 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	<hr/>																				
1.2	Telephone number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
1.3	Professional title	<hr/>																				
1.4	BIG registration number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
1.5	NIP registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
1.6	Visiting address	<p>Street</p> <hr/> <p>Number</p> <hr/> <p>Postcode</p> <hr/> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <p>Town</p> <hr/>																				



## 2 Details of foreign national

*Write in block letters*

2.1 Name  
(as stated in the passport)

*Surname*

*First names*

2.2 Sex

- ☐ Male  
☐ Female

2.3 Date of birth

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

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?

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

3.5 And when is the treatment expected to be finished?

Day		Month		Year		

## 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

---

Day		Month		Year		

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 by the foreign national

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

Below, you can read how you can submit and pay for the application for a residence permit or a change to the restriction on the residence permit.

*Please note!* If you rely on an exemption from the requirement to apply for a regular provisional residence permit you must first send the application by post. You will then receive a letter from the IND stating how you must pay the fees.

### Submitting an application for a residence permit or a change to the residence permit

You send the application form, the appendices and the evidence to the IND by post. Make copies of all documents and supplementary evidence and send with the application form. Never send any original evidence. You must make clearly readable and full copies of the original evidence on A4 size paper. Do not use other paper size, any staples or paperclips. Write down your V-number or client number on each copy. If you do not know these numbers, then please write your name and date of birth on each copy. Do not send any USB sticks, CDs, DVDs, photo albums, receipts and suchlike. Put all evidence in a sufficiently stamped envelope. Send your application to the following address:

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

**Immigratie- en Naturalisatiedienst  
Postbus 5**

**9560 AA Ter Apel**

*Application for a social purpose of residence (family members and relatives)*

**Immigratie- en Naturalisatiedienst  
Postbus 16**

**9560 AA Ter Apel**

*Application for medical circumstances*

**Immigratie- en Naturalisatiedienst  
Postbus 1**

**9560 AA Ter Apel**

You can also visit the IND Desk in person in order to submit your application for a residence permit. You need to make an appointment. Please visit [www.ind.nl](http://www.ind.nl) for the ways you can contact the IND. You must bring the original copies of all requested documents and evidence. The IND verifies and copies these documents, after which all original documents are returned to you. The copies must be enclosed with your application. You must also bring your valid border-crossing document (passport, for example) with you.

### How do you pay?

An application is not free of charge. The costs depend on the purpose of the residence applied by you. If you submit the application by post, you will receive a letter containing the amount of fees and information on how to pay, after the IND has received your application. If you submit the application at the IND Desk, you can pay the fees due at the IND Desk. You can pay with a bank card or in cash.

Here, you can find 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 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 Declaration by sponsor (family and relatives)

### Explanation

If you apply for residence for a family member to stay with you in the Netherlands, you are the sponsor. This comes with responsibilities. As a sponsor, you must ensure that your family member meets the conditions for a residence permit. Not only when applying for a residence permit, but also afterwards. Is your family member no longer entitled to reside in the Netherlands? Then you must ensure that your family member leaves the Netherlands.

*Please note!* You only complete this statement for your own family members. Are you applying for a child that is not your own child, but that of your spouse/partner? In that case, your spouse/partner must complete this statement for the child.

### Report changes

Are there any changes in your situation, which could have any effect on the residence permit? If so, you are obliged to report these changes to the IND within 4 weeks. The IND refers to this as the obligation to provide information. Please use the 'Notification form for family members and relatives', which you can download from [www.ind.nl](http://www.ind.nl). The form lists the changes you need to report.

### Retain records

You are obliged to collect and store any relevant information about your family member. You can find the data you are obliged to store in the Aliens Regulations. You must store this documentary evidence for 5 years after you are no longer the sponsor of the foreign national. The IND refers to this as the duty to keep and retain records. The IND can request data from you at any time. In this way the IND checks whether you comply with this obligation.

### 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.

## 1 Details of sponsor

**Write in block letters**

1.1 Name  
(as stated in the passport)

*Surname*

*First names*

1.2 Sex

- ☐ Male  
☐ Female

1.3 Date of birth

<i>Day</i>	<i>Month</i>	<i>Year</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>



1.4	Place of birth	<hr/>								
1.5	Country of birth (as stated in the passport)	<hr/>								
1.6	Address where you keep the records of the foreign national	<i>Street</i> <hr/> <i>Number</i> <hr/> <i>Postcode</i> <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> <i>Town</i> <hr/>								

## 2 Details of the foreign national

*Write in block letters*

2.1	Name (as stated in the passport)	<i>Surname</i> <hr/> <i>First names</i> <hr/>						
2.2	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female						
2.3	Date of birth	<table border="0"> <tr> <td style="text-align: center;"><i>Day</i></td> <td style="text-align: center;"><i>Month</i></td> <td style="text-align: center;"><i>Year</i></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 100px; height: 30px;"></td> </tr> </table>	<i>Day</i>	<i>Month</i>	<i>Year</i>			
<i>Day</i>	<i>Month</i>	<i>Year</i>						
2.4	Place of birth	<hr/>						
2.5	Country of birth (as stated in the passport)	<hr/>						

## 3 Signing by sponsor

✓ I declare that I present myself as sponsor for the foreign national mentioned under 2 for whom I am applying for a residence permit.

3.1	Place and date	<i>Place</i> <hr/> <table border="0"> <tr> <td style="text-align: center;"><i>Day</i></td> <td style="text-align: center;"><i>Month</i></td> <td style="text-align: center;"><i>Year</i></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 100px; height: 30px;"></td> </tr> </table>	<i>Day</i>	<i>Month</i>	<i>Year</i>			
<i>Day</i>	<i>Month</i>	<i>Year</i>						
3.2	Signature	<hr/>						



## Appendix Questionnaire for residence with partner

The questions must be answered by the partner (the sponsor) who lives in the Netherlands.

### What is important in this questionnaire?

You must answer the following list of questions extensively and in detail. The IND can then assess whether your relationship is lasting and exclusive. Use separate sheets of paper when answering the questions. Mention the number of the question and your answer on the sheet. You must place your signature and the date of signing on each sheet of paper. You must substantiate your answers with as much documentary evidence as possible. For example, letters, photographs, e-mails and aeroplane tickets. You may submit copies. If you do not answer the questions in extensive detail and do not submit documentary evidence, the IND cannot assess your relationship properly. Your application can then be rejected.

### Questions

- 1 Since when do you know your partner? Name the day, month and year.
- 2 How did you come in contact with your partner?
- 3 Where did you get to know your partner? Name the place and exact location.
- 4.1 If you got to know each other via internet or family: have you already met each other in person?
- 4.2 If so, when and where did you meet? If not, why not?
- 5 Since when have you had a love affair with each other? Name the day, month and year. How did this happen?
- 6 How have you maintained the relationship since the beginning until now? Submit as much documentary evidence as possible, such as letters, e-mails, photographs and aeroplane tickets.
- 7.1 Has your partner ever been in the Netherlands?
- 7.2 If so, when was that? Name the day, month and year.
- 7.3 What was the reason for that stay?
- 7.4 In what place and with whom did your partner stay?
- 8 Have you previously had a relationship with someone who came from abroad to the Netherlands for you? If so, with whom and when was that?
- 9 Has your partner previously had a relationship with someone in the Netherlands? If so, with whom and when was that?
- 10.1 Does your partner have minor-aged children?
- 10.2 If so, what are those children's names, how old are they and where do they live now?
- 11.1 Will the children travel together with your partner to the Netherlands?  
*Please be aware that if your children will not travel immediately with your partner there may be a waiting period of 1 year.*
- 11.2 If not, why not? Who will take care of the children after your partner's departure to the Netherlands?
- 12 Are you related to your partner? If so, what is the family relationship?

### Please note!

- ✓ Have you signed and dated all the pages?
- ✓ Have you attached all the documentary evidence (as copies)?

### Processing of personal data

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## Appendix Declaration on means requirement

Only complete this declaration if you apply for an extension of the validity of your residence permit for a residence:

- with spouse/registered partner; or
- residence with partner; or
- family reunification; or
- foster child (please note: no adopted child); or
- residence with child

### 1 Details of foreign national

*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 I (or one of my family members)  
receive a full or partial benefit  
from public funds ☐ Yes  
☐ No

A benefit from public funds is a benefit for which no contributions have been paid.

It then concerns a benefit under:

- the Participation Act (formerly: Work and Social Assistance Act)
- the Social Assistance (Self-Employed Persons) Decree;
- the Older and Partially Disabled Unemployed Workers Income Scheme Act;
- the Older and Partially Disabled Former Self-Employed Persons Income Scheme Act;
- the Artists' Work and Income Act;
- the Supplementary Benefits Act;
- the Invalidity Insurance (Young Disabled Persons) Act;
- the Interim Invalidity Criteria (Impact on Income) Act;
- the Youth Investment Act.



## 2 Signing

✓ I have completed this form truthfully.

## 2.1 Place and date

Place

Day Month Year

## 2.2 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 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**

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## 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 asielrelaas 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 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 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](https://www.ind.nl/stukken-opsturen) op [ind.nl/stukken-opsturen](https://www.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 (Wvvgz) 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 asielrelaas 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 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 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 vreemdelingsrechtelijke 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 asielrelaas 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)specialismen 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](http://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 noodsituatie? 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 betrokkene. 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 noodsituatie ontstaat bij het uitblijven van een behandeling. Ook wordt van u niet verlangd de beschikbaarheid van de behandelmogelijkheden 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 asielrelaas 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 behandelsessies. 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 peritoneaal 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).





## Appendix Application for DNA test in case of family reunification

You applied for family reunification for a relative or family member. With this application, you must provide proof of a family relationship. This is possible with a DNA test. Here, you can read how a DNA test works.

### DNA

Each person has unique characteristics. These characteristics have been embedded in our DNA. This DNA can be found in all our body cells. Everyone passes part of these unique characteristics on to his or her children. So father, mother and children partly have the same DNA. A DNA test compares the DNA of your family members. The result of the DNA test proves whether or not you are related to each other. For that reason, DNA testing only provides certainty about the biological parent-child relationship. In the case of foster or adopted children, DNA testing is therefore pointless.

### DNA test

A mouth swab sample is taken from you, your spouse, and child(ren) for the DNA test. You will receive a letter when the IND starts the DNA test. The Dutch embassy or the International Organization for Migration (IOM) will take DNA of your family members. Your family members do not need to make an appointment themselves. You do make an appointment yourself to have DNA taken. You can make this appointment at the IND desk in The Hague. The letter states how to do this. After this appointment, researchers will compare the DNA in the saliva. The results show whether there is a biological relationship between the child(ren) and you (and/or your spouse).

### DNA test step by step

The DNA test is not painful and not injurious to one's health.

1. The identity is established.
2. A mouth swab is taken from the inside of your cheek. This is done by using a special swab.
3. All the DNA material is analysed by the Netherlands Forensic Institute (NFI).
4. The NFI sends the result of the DNA test to the IND.

### Possible results

DNA testing can establish (with certainty) that

- you are the father or mother of a child.
- you are not the father or mother of a child.

Has the DNA of both parents been analysed? Then one of them may turn out not to be the child's biological parent.

### Test results

The IND will take account of the DNA test results in its decision on your application for family reunification. After six months, the NFI destroys the DNA material taken and the (personal) data relating to it. These data will not be used for other purposes.

### Countercheck

If the DNA test result is negative, you can have a counter-test done by another laboratory. This is called a countercheck. Only approved laboratories may carry out DNA relationship tests. The Dutch Accreditation Council determines whether a laboratory will be approved. You can use the search function on the website of the Dutch Accreditation Council ([www.rva.nl/search](http://www.rva.nl/search)) to check whether a laboratory has been approved or not. You must pay the costs of the countercheck.



### More information

Do you still have any questions after reading this information? Then please contact the IND or the Dutch embassy or consulate in the country where you live. Check [www.ind.nl](http://www.ind.nl) for the contact details of the IND. Keep the V-number of your sponsor at hand. Do you have a complaint about the way in which the IND treated you? Then you can use the complaints form at [www.ind.nl](http://www.ind.nl).

#### To be completed by the IND

V-number of applicant

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IND location

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IND contact person

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## 1 DNA test (to be completed by the sponsor)

*Write in block letters*

1.1 Name of applicant  
(as stated in the passport)

*Surname*

*First names*

1.2 Sex

- ☐ Male  
☐ Female

1.3 Date of birth

*Day*      *Month*      *Year*

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1.4 Nationality

---

1.5 Home address

*Street*

---

*Number*

---

*Postcode*

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

*Town*

---

1.6 Identity document  
*Number of passport, ID card, etc.*

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1.7 V-number

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**1.8 Details family member 1**

1.8.1 Name of family member  
(as stated in the passport)

*Surname*

*First names*

1.8.2 Sex

- ☐ Male  
☐ Female

1.8.3 Date of birth

Day		Month		Year			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1.8.4 Nationality

1.8.5 Relation to the sponsor

- ☐ Child  
☐ Parent  
☐ Spouse

1.8.6 V-number

**> To be completed by the IND**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**1.9 Details family member 2**

1.9.1 Name of family member  
(as stated in the passport)

*Surname*

*First names*

1.9.2 Sex

- ☐ Male  
☐ Female

1.9.3 Date of birth

Day		Month		Year			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1.9.4 Nationality

1.9.5 Relation to the sponsor

- ☐ Child\*  
☐ Parent  
☐ Spouse  
☐ Biological brother/sister \*\*

\* In the case of a child of the sponsor: This child is the biological child of?

- ☐ Applicant  
☐ Family member no:  
☐ Applicant and family member no:

\*\* Only applicable in the case of a brother/sister of a minor sponsor: does this family member have the same mother and father as the sponsor?

- ☐ Yes  
☐ No, child of family member:  
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

**> To be completed by the IND**

1.9.6 V-number

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**1.10 Details family member 3**

1.10.1 Name of family member  
(as stated in the passport)

*Surname*

*First names*

1.10.2 Sex

- ☐ Male  
☐ Female

1.10.3 Date of birth

Day		Month		Year			

1.10.4 Nationality

1.10.5 Relation to the sponsor

- ☐ Child\*  
☐ Biological brother/sister \*\*

\* In the case of a child of the sponsor: This child is the biological child of?

- ☐ Applicant  
☐ Family member no:  
☐ Applicant and family member no:

\*\* Only applicable in the case of a brother/sister of a minor sponsor: does this family member have the same mother and father as the sponsor?

- ☐ Yes  
☐ No, child of family member:  
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

**> To be completed by the IND**

1.10.6 V-number

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**1.11 Details family member 4**

1.11.1 Name of family member  
(as stated in the passport)

*Surname*

*First names*

1.11.2 Sex

- ☐ Male  
☐ Female

1.11.3 Date of birth

Day		Month		Year			

1.11.4 Nationality



1.11.5 Relation to the sponsor

- ☐ Child\*
- ☐ Biological brother/sister \*\*

\* In the case of a child of the sponsor: This child is the biological child of?

- ☐ Applicant
- ☐ Family member no:
- ☐ Applicant and family member no:

\*\* Only applicable in the case of a brother/sister of a minor sponsor: does this family member have the same mother and father as the sponsor?

- ☐ Yes
- ☐ No, child of family member:
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

1.11.6 V-number

> **To be completed by the IND**

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**1.12 Details family member 5**

1.12.1 Name of family member  
(as stated in the passport)

*Surname*

*First names*

1.12.2 Sex

- ☐ Male
- ☐ Female

1.12.3 Date of birth

Day		Month		Year			

1.12.4 Nationality

1.12.5 Relation to the sponsor

- ☐ Child\*
- ☐ Biological brother/sister \*\*

\* In the case of a child of the sponsor: This child is the biological child of?

- ☐ Applicant
- ☐ Family member no:
- ☐ Applicant and family member no:

\*\* Only applicable in the case of a brother/sister of a minor sponsor: does this family member have the same mother and father as the sponsor?

- ☐ Yes
- ☐ No, child of family member:
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

1.12.6 V-number

> **To be completed by the IND**

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**1.13 Details family member 6**

1.13.1 Name of family member  
(as stated in the passport)

*Surname*

*First names*

1.13.2 Sex

- ☐ Male  
☐ Female

1.13.3 Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

1.13.4 Nationality

1.13.5 Relation to the sponsor

- ☐ Child\*  
☐ Biological brother/sister \*\*

\* In the case of a child of the sponsor: This child is the biological child of?

- ☐ Applicant  
☐ Family member no:  
☐ Applicant and family member no:

\*\* Only applicable in the case of a brother/sister of a minor sponsor: does this family member have the same mother and father as the sponsor?

- ☐ Yes  
☐ No, child of family member:  
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

1.13.6 V-number

**> To be completed by the IND**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**1.14 Details parent staying behind**

1.14.1 Name of parent staying behind  
(as stated in the passport)

*Surname*

*First names*

1.14.2 Sex

- ☐ Male  
☐ Female

1.14.3 Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

1.14.4 Nationality

**> Please tick the applicable situation**

1.14.5 Parent of family member:

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

1.15 Recent contact information of the family members

My family members can be  
contacted via this telephone  
number:

## 2 Signing by applicant

- ✓ I hereby allow DNA-samples to be taken of (the) aforementioned family member(s).
- ✓ I agree that the results of the examination will only be used to assess the application for family reunification.
- ✓ My family member(s) will report to the Dutch embassy or consulate in:

2.1 Country and town Dutch representation

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2.2 Place and date

*Place*

---

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

*Signature (If you are applying for your parents to join you in the Netherlands and you are younger than 12 years of age then your guardian must sign this declaration on your behalf.)*

2.3 Signature

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### 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 Exemption from the obligation to undergo a tuberculosis (TB) test

**Valid from 30 May 2025**

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

If you have the nationality of one of the countries on this list, you do not have to undergo a tuberculosis (TB) test.

Albania	Greece	Palau
Algeria	Grenada	Panama
Andorra	Guatemala	Paraguay
Antigua and Barbuda	Guyana	Poland
Argentina	Honduras	Portugal
Armenia	Hungary	Qatar
Australia	Iceland	Romania
Austria	Iran	Russia
Azerbaijan	Iraq	Rwanda
Bahamas	Ireland	Samoa
Bahrain	Israel	San Marino
Barbados	Italy	Saudi Arabia
Belarus	Jamaica	Serbia
Belgium	Japan	Seychelles
Belize	Yemen	Singapore
Benin	Jordan	Slovakia
Bosnia and Herzegovina	Kazakhstan	Slovenia
Brazil	Kosovo	Solomon Islands
Brunei	Kuwait	South-Korea
Bulgaria	Latvia	Spain
Burkina Faso	Lebanon	Sri Lanka
Burundi	Libya	St Kitts & Nevis
Cape Verde	Liechtenstein	St Lucia
Canada	Lithuania	St Vincent and the Grenadines
Chile	Luxembourg	Suriname
China (including Hong Kong and Macau)	Maldives	Sweden
Colombia	Mali	Switzerland
Comoros	Malta	Syria
Costa Rica	Mauritania	Tadjikistan
Croatia	Mauritius	Taiwan
Cuba	Mexico	Togo
Cyprus	Micronesia	Tonga
Czech Republic	Moldova	Trinidad and Tobago
Denmark	Monaco	Tunisia
Dominica	Montenegro	Turkey
Dominican Republic	Morocco	Turkmenistan
Ecuador	Netherlands	Ukraine
Egypt	New Zealand	United Arab Emirates
El Salvador	Nicaragua	United Kingdom
Estonia	Niger	United States of America
Fiji	Niue	Uruguay
Finland	North-Macedonia	Uzbekistan
France	Norway	Vanuatu
Georgia	Oman	Venezuela
Germany		



