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| **[LOGO]****MINISTRY OF INTERIOR****General Directorate of Population and Citizenship Affairs** | **ADDRESS STATEMENT FORM****(For those whose settlement address is Turkey)** | **Form No** |  |
| **Spec. Volume Sequence N** |  |
| **Registry Year** |  |
| **ATTENTION !!!****Please read the explanations on the back page carefully before filling the form.** |
| **INFORMATION FOR THE PERSON EHO MADE DECLARATION**  |
| T.R. Identity Number / Foreign Identity Number |  | SignatureI accept the accuracy of my statement and if the situation is found to be untrue, I agree to take action according to the legislation.**.** |
| name | Surname  |  |
| Moving Type | To Empty Housing [ ] To dwelling where those Currently Residing [X] |
| Telephone |  | E mail | @ | Date of Declaration (day, month, year)12/01/2019 |
| **INFORMATION OF THE PERSON WHO MAKES A STATEMENT THAT THEY ARE LIVING TOGETHER.** |
| T.R. Identity Number / Foreign Identity Number | NAME | SURNAME | I accept the accuracy of my statement and if the situation is found to be untrue, I agree to take action according to the legislation.**.**. |
|  |  |  |
| **INFORMATION FOR THOSE WHO ARE IN THE SAME ADDRESS**  |
| ITEM No | T.R. Identity Number / Foreign Identity Number | NAME | SURNAME | DATE OF BIRTH |
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| **ADDRESS INFORMATION** |
| **SETTLEMENT ADDRESS**  | **Other Address (Summer house, winter house, 2nd or 3rd residence)** |
| **DOMESTIC** | **ABROAD** |
| Movement Date (Day, Month, Year) | 12/01/2019 |  |  |
| province |  |  | Name of country |  |
| District |  |  | City name |  |
| Rural / District |  |  | Foreign missions |  |
| Hamlet / Location / Neighborhood |  |  | OPEN address  |
| Square / Avenue / Street / Cluster Houses |  |  |  |
| sites |  |  |
| Block | DEFNE |  |
| Exterior Door Number |  | Interior door No 12 |  |
| Post code |  |  |
| **INSTITUTION WHICH GOT THE DECLARATOION** | **CIVIL REGISTRY WHERE IT WAS SUBMITTED** |
| Company Name | KADIKÖY İLÇE NÜFUS MÜDÜRLÜĞÜ / İSTANBUL | Name of Population Directorate |  |
| T. R. Identification number |  | T. R. Identification number |  |
| Name and surname |  | Name and Surname of Officer |  |
| Title |  | Title |  |
| Date |  | Date |  |
| Registration number |  | Registration number |  |
| signature |  | signature |  |
| Description CONSENT |
| **Receipt (The person making the declaration shall remain. this document is valid from the date of declaration until 11/02/2019.).)** |
| **SETTLEMENT ADDRESS** | **Other Address (Summer house, winter house, 2nd or 3rd residence)** |
|  |  |
| **INFORMATION OF DECLARER**  | **INSTITUTION WHICH GOT THE DECLARATOION** |
| T. R. Identification number |  | Title of Institution  |  |
| Name  |  | Name – Surname  | Title D.P.C.O |
| Surname |  | Document Registry No | Date  |  |
| I accept the accuracy of my statement and if the situation is found to be untrue, I agree to take action according to the legislation. | Signature  | Signature  |