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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 | | | |  | | | | | | | Signature  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.**.** | | | | | | | | |
| 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 | | | | | | | | | |