



Address registration permission form

Declaration primary occupant/owner

last name : (your "own" surname, not your partner's surname)

first name(s) :

date of birth : M F (tick the applicable option)

Citizen Service Number (BSN):

address :

postcode and city :

phone number (home) : mobile :

email address :

I, the primary occupant/owner, declare that:

- The person below lives at my address or intends to do so
- I give this person permission to register to my address
- I will inform the municipality as soon as possible if their living situation changes, and if they do not inform the municipality themselves. This applies to all individuals mentioned below.

| last name (own last name), first name(s), date of birth | gender |
|---|---|
| | <input type="radio"/> M <input type="radio"/> F |
| | <input type="radio"/> M <input type="radio"/> F |
| | <input type="radio"/> M <input type="radio"/> F |
| | <input type="radio"/> M <input type="radio"/> F |

Signature

date : primary occupant/owner :

To be filled in by GemeenteLoket official

date of receipt : handled by :

Bring a valid ID document or enclose a copy. If a valid ID document is missing, the declaration will be incomplete and will not be processed.

SEND THE REGISTRATION FORM TO: Gemeente Maastricht
GemeenteLoket
Postbus 1992
6201 BZ Maastricht