

Declaration of consent

This declaration of consent needs to be filled in by the main tenant or an employee of the (health) facility to prevent that someone is registered at an address without the consent of the main tenant/ (health) facility.

Please indicate what applies. You are:

- The main tenant
- An employee of the (health) facility

Undersigned,

Personal information of the consenter	
Surname	
Initials	
Date of birth	
Phone number	

declares to be informed about the intended registration in the Personal Records Database (BRP) of the following person(s) on the address mentioned below and hereby gives consent for the registration of:

Personal information of the person(s) that is/are moving in		
Surname	Initials	Date of birth

Your address	
Street and house number	
Postal code and city	
Moving date	

NOTE: if you are the main tenant a copy of our passport/ identity is required. In case you are an employee of a (health) facility a stamp is required on this form.

Apeldoorn, (date)

Signature:
