

Application to the Commander in Chief of the Border Guard for the assistance in voluntary return.

Surname			Name / names		
Date and place of birth			sex		
Citizenship					
Current address of residence in the Republic of Poland					
Telephone number					
E-Mail					
Legal status in the Republic of Poland.	□ decision to oblige a foreigner to return with a deadline for voluntary departure;				
	execution	n when there are cir	ner to return, which coumstances that ex s to the foreigner (A	clude the p	ossibility of
		on to declare an app	status or subsidiary lication for internat		
	 decision to discontinue the procedure for granting international protection; 				
	□ leaving reasons;	g the application for	international prote	ection unpr	ocessed for formal
	and stays certificat	s in the territory of	ied as a victim of tr the Republic of Pol- icle 170, or on the in Article 176.	and on the	basis of a
Do you have a valid passport		•			
Do your family members (including chil passports?		dren) have valid			
Where are your passports ?					
Family members covered by this application for the assistance in voluntary return:					
Name/names and surname		Date of birth	Place of birth	Sex	degree of kinship

Wniosek do KGSG o udzielenie pomocy w dobrowolnym powrocie-jęz. angielski

Are any of the persons covered by the application ill/disabled/needing medical care during the trip?	
Are any of the women covered by the application pregnant? If yes, please indicate week of the pregnancy.	

I declare that I do not have the means or opportunity to organise my return myself.

I declare that the information I have provided is true to the best of my knowledge.

On my own behalf, on behalf of my family members and my heirs, I declare that, should I suffer any health detriment, disability or death during or after my participation in the voluntary return programme, the Commanderin-Chief of the Border Guard and other institutions/organisations participating in the programme will not be held legally liable on that account.

I consent to the processing of the personal data provided in the above application for the purposes of the voluntary return programme. I am aware that the information I have provided in this application will be transmitted to and processed by the competent institutions/organisations to the extent necessary for the preparation and implementation of the voluntary return of the persons covered by this application, to which I consent.

Ι
(full name and surname)
citizen of
(name of the country)
declare that, after due consideration, I wish to return entirely voluntarily to
(the country of return)
I understand that my return will be directly to,
(name of the country)
without the possibility of staying in another country.
Signature of applicant

Place and date_____