

DECLARATION: RENUNCIATION OF THE ASYLUM APPLICATION

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Case number CGRS:

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P.S. number:

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Please send this document completed, dated and signed to the CGRS:

**By post** Office of the Commissioner General for Refugees and Stateless Persons  
Helpdesk lawyers, trusted persons, UNHCR and BCHV  
Boulevard du Roi Albert II, n° 26A  
1000 Brussels

**By fax** 02 205 50 33

**By e-mail** [CGRA-CGVS.Advocate@ibz.fgov.be](mailto:CGRA-CGVS.Advocate@ibz.fgov.be)

Or hand in this form completed, dated and signed at the Reception of the CGRS.

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**I the undersigned:**

Name, first name: .....

Nationality: .....

Place and date of birth: .....

Declare that I renounce of my own free will my asylum application in Belgium and that I am aware of the fact that this renunciation puts an end to my asylum procedure.

Place and date:

.....

Signature:

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