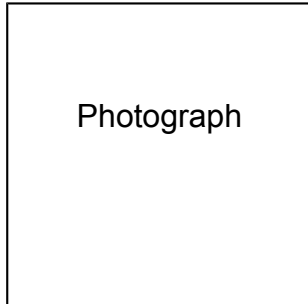


Applicant's request form for genetic testing (collection of blood samples)



Applicant's personal details

Name :

First name(s) :

Address :

Place of residence / Country :

.....

Date of birth :

Sex : m / f (delete where inapplicable)

Nationality :

File number at the diplomatic or consular representation :

File number at the Aliens Office (if known) :

Identity document and/or residence title :

No. of the identity document :

I hereby declare to voluntarily accept that a blood sample is collected from me in order to establish the relationship between me and

Mr / Ms / children (delete where inapplicable)

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.....

(specify the kind of relationship between the tested persons)

I have signed the photographs taken of me and written my name next to the signature.
The photographs have been attached to this form in my presence.

I authorise the laboratory to carry out a genetic test and transmit the results to the Aliens Office. The laboratory will keep my genotype and the test data for possible additional testing.

I authorise the Aliens Office to use the results only for the purpose of the current family reunification procedure.

I confirm that all data provided on the first page are correct.

I agree to pay to the diplomatic or consular post the possible blood collection costs in case a paid third person intervenes.

If the person from whom a blood sample is to be taken is a child unable to fill in its personal data, the data should be filled in by the guardian of the child or the supposed relative who has parental authority over the child.

Tick the appropriate boxes

Remarks

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Date

Signature of the person from whom a blood sample is to be taken

Signature of the legal representative