Voluntary return declaration form

REAG/GARP (and StarthilfePlus Reintegration if applicable)

NOTE FOR IOM STAFF/PARTNERS:

Each individual who is eligible and is being considered for IOM voluntary return (and reintegration, if applicable) assistance must be able to understand the content of this form (including its Annex) before signing. Please allow the individual to read the form (and ensure it is translated into a language understood by the applicant) and explain its meaning, as well as its content before asking him/her to sign it.

I, the undersigned, [Click or tap here to enter text], hereby express my will to return to my home country or a third country (where I am entitled to permanent residence), which is [Click or tap here to enter text], through the assistance of the International Organization for Migration (hereinafter IOM).

I confirm that I have been informed about the assistance that I will receive and the conditions of the voluntary return (and reintegration, if applicable) process.

I understand that the assistance provided under this programme does not include the possibility to remain in any transit country. I understand that I may be interviewed and/or questioned by national authorities upon arrival. I further understand that IOM will not be in a position to interfere with rules and procedures established by airport or immigration authorities in transit or upon arrival.

I acknowledge for myself and for any person for whom I have the right to do so, as well as for relevant heirs and estate, that IOM will not be held liable for any damage caused, directly or indirectly, to me or to those on behalf of which I am acknowledging in connection with IOM assistance that derives from circumstances outside the control of IOM.

I hereby authorize IOM and any authorized person or entity acting on behalf of IOM to collect, use, disclose and dispose of my personal data and, where applicable, the personal data of my dependants.

Name of under age child/family members/dependants or applicant with legal guardian for the following purposes:

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<th>PURPOSES</th>
<th>DESCRIPTION</th>
<th>CONSENT</th>
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<td>(a) Assisted voluntary return and reintegration incl. additional assistance (if applicable)</td>
<td>Providing assistance to return voluntarily and reintegrate (if applicable) to one's country of origin/or 3rd country. Using data to provide additional assistance under other IOM projects (if applicable).</td>
<td>YES</td>
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<tr>
<td>(b) Research, and Monitoring and Evaluation (M&amp;E)</td>
<td>To conduct applied migration research and M&amp;E activities, evaluating progress, identifying problems and applying lessons learned to IOM's return and reintegration programs.</td>
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I agree that my personal data may be disclosed to the following third parties: German government entities, national and international NGOs, return counselling centers, travel agencies and airlines, treating physicians and medical and operational escorts only for achieving the purpose(s) specified above. I understand that I may access and rectify my personal data on request by contacting IOM.

I declare that I have shared with IOM or its partners all information on any medical condition that may affect my own and other persons’ well-being during the voluntary return (and reintegration, if applicable) process. I also declare that should the previously provided information change in the period prior to my departure, I will promptly inform IOM or its partners.

I declare that the information I have provided is true and correct to the best of my knowledge. I understand that if I make a false statement in signing this form, IOM may not be able to provide the assistance.

Applicant’s (or legal representative) signature: __________________________Date and place: __________________________

Interpreter’s signature (if applicable): __________________________Date and place: __________________________

Signature of the Representative of IOM or of the Delegate partner (applying entity/counselling agency): __________________________Date and place: __________________________
According to the instructions issued by the Ministry of Interior, Pakistan in November 2015, (valid or expired) passport or ID card of voluntary returnees to Pakistan require verification from the National Database and Registration Authority (NADRA) through the Ministry of Interior, Pakistan.

In the context of IOM voluntary returns, such information will be shared by IOM with the Pakistani Embassy/Consulate in Germany for this purpose in advance of the return. In the absence of any document, the Pakistani authorities will be responsible for confirming the nationality of the returnee(s).

According to the above-mentioned instructions, voluntary returnees may be checked upon return by the Pakistani authorities for “illegal exit” from Pakistan and/or “illegal entry into a foreign country”. “Illegal” migration may result in temporary administrative detention and payment of a fine.

I hereby confirm that I have read and understood the conditions for Voluntary Return to Pakistan.

__________________________________________  ________________________________
Applicant’s (or legal representative) signature  Date and place