VOLUNTARY RETURN DECLARATION AND AUTHORIZATION FOR COLLECTION OF PERSONAL DATA

FOR IOM STAFF/PARTNERS: Each individual who may be considered/be eligible for IOM voluntary return assistance must be able to understand and consider the content of this form before signing. Please allow the individual to read the form (or ensure it can be translated in a language understood by the applicant); and explain it before asking him/her to sign the voluntary declaration.

I, the undersigned, ____________________________, express my informed decision to return voluntarily to my home country or a third country (where I am entitled to permanent residence), which is___________________, through the assistance of the International Organization for Migration (hereinafter, "IOM"). I understand that I will not be allowed to stop over in any transit country.

I understand that the personal data of myself and my dependents [name of child/family members] are necessary for the provision of IOM’s assistance in the framework of an Assisted Voluntary Return and Reintegration project. The project aims to provide assistance to voluntary return and reintegration. I have been informed about the specified and additional purpose(s) and hereby authorize IOM and any authorized person or entity acting on behalf of IOM to collect, use, disclose and dispose of the personal data provided in this form. I am aware and agree that the personal data will be shared with and processed by [name of third party e.g. donors, relevant institutions/government entities] to achieve the specified purpose(s).

I hereby, for myself, as well as for my dependents, heirs and estate, release, discharge and agree to hold harmless IOM from any liability or damage caused, directly or indirectly, to me, my child or my family in connection with this authorization. I agree, for myself, as well as for my dependents, heirs and estate, that in the event of personal injury or death during and/or after my participation in the IOM project, neither IOM, nor any other participating agency or government can in any way be held liable or responsible.

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, the assistance provided by IOM can be terminated at any time.

Signed on [date] at [place]: ________________________

Applicant’s signature: ________________________

Interpreter’s signature [if applicable]: ________________________
Signature of the Representative of IOM or delegate partner: ________________________

[IOM STAMP]