



## STATEMENT OF CONSENT

**Use of this form**

The information collected on this form is in conjunction with the Norwegian Particulars Form. The document shall be completed and signed by the person who has stayed in Iceland. The completed form will be processed electronically. **Write clearly**, preferably in capital letters.

I, the undersigned, hereby declare, that I consent to being subject to a records check in Iceland by their competent authorities, covering record relevant for the purpose of security

Norwegian ID number

Date of birth (6 digits) (dd/mm/yy)

Surname

Previous surnames, if any

First and middle names

Previous first and middle names, if any

Place of birth

Country of birth

Nationality

Signature:

Place:

Date: