

APPROVED by
Order of the Ministry
of Internal Affairs of Ukraine
No. 649, dd. 07.09.2011

APPLICATION FORM
for recognition as a refugee or a person
who needs complementary protection

D/M/Y _____ 20__

No. _____

I, _____
(Last Name, First Name, Patronymic)

hereby request recognition as refugee or person who needs complementary protection because

(state the reason(s) of granting the refugee status)

Family Members: Husband/Wife _____
Children under 18 _____

Passport: Series _____ No. _____, Date of Issue and Issuing Authority
(if available)

Citizenship/Nationality _____
Country of Permanent Residence _____
Place of Residence in Ukraine _____

Availability of Permit for Stay in Ukraine and Its Expiration Date ____

Applicant's Signature _____ "___" _____ 20

Legal Representative's Signature _____ "___" _____ 20

Translator's Signature _____ "___" _____ 20

Supplement. List of attached documents (Part 7, Article 7 of the Law of Ukraine "On Refugees and Persons Who Need Complementary or Temporary Protection in Ukraine")

Submitted for further consideration on "___" _____ 20

(Last Name, Position, Signature of Official of the
Migration Service Office/Body)

QUESTIONNAIRE
for a person applying for recognition
as refugee or person who needs
complementary protection

Case No. _____

Photo
40 x 60 mm size

Application's Registration No. _____
Registration Date _____

1. APPLICANT'S DATA

1.1. Last Name _____
1.1.1. If applicable, indicate the applicant's previous last name (if a female, indicate maiden name) _____

1.2. First Name (other names) _____
1.2.1. Indicate the applicant's previous first name (if applicable) _____

1.3. Patronymic _____

1.4. Sex: Male/Female _____
1.4.1. In case of the applicant's sex change, indicate the time and place. _____

1.5. Date of Birth (Day, Month, Year)

1.6. Place of Birth (Country, Province/Region, District, City, Village, Settlement) _____

1.7. Citizenship/Nationality _____
1.7.1 Country of Permanent Residence _____

1.8. Place of Residence in Ukraine _____

1.9. Last Country before entering Ukraine (indicate actual address there at the time of exit) _____

1.10. Nationality _____

1.11. Religion _____

1.12. Identification documents you can present (Birth Certificate, Passport: national, for traveling abroad, service, diplomatic, identity card, ID-card, other):

No.	Document Title	Series, Number	Issuing Authority	Date of Issue	Expires on	Notes

1.13. Marital Status _____

1.14. Family Members Accompanying Applicant:

Last Name, First Name	Degree of Kinship/ Relationship	Day, Month, Year, and Place of Birth
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(Names), Patronymic		

1.14.1. Underage Persons under 18, whose Legal Representative is Applicant:

Last Name, First Name (Names), Patronymic	Degree of Kinship/ Relationship	Day, Month, Year, and Place of Birth	Document (Series, No., Date of Issue) that confirms this fact

1.14.2. Legally Incapable Persons under Applicant's Custody/Care:

Last Name, First Name (Names), Patronymic	Degree of Kinship/ Relationship	Day, Month, Year, and Place of Birth	Document (Series, No., Date of Issue) that confirms this fact

1.15. Family Members Not Accompanying Applicant:

Last Name, First Name (Names), Patronymic	Degree of Kinship/ Relationship	Day, Month, Year, and Place of Birth	Address of Permanent Residence

1.16. Education:

Name of Educational Institution (starting from middle/high school years)	Location	Years of Study	Diploma (Number, Qualification, Specialty/Profession - if applicable)

1.17. Your Native Language? _____

1.17.1. What Languages do You know (command: fluent, reading and speaking, reading and translating using dictionaries)?

1.18. Work History for the last 10 years?

Name of Organization (Institution)	Location/Address	Position	Years/Periods of Work

1.18.1. If unemployed during that period, indicate the reason(s) _____

1.18.2. Are you currently employed? If yes, indicate the location, position, and time you started working at your current place _____

1.19. Have you suffered from the following diseases: pulmonary tuberculosis, osseous tuberculosis, infections diseases? _____

1.20. What disease(s) are you currently suffering from? _____

1.21. AIDS testing results _____

2. EXIT FROM THE LAST COUNTRY OF PERMANENT RESIDENCE

2.1. When did you leave your last country of permanent residence? _____

2.2. Did you have a permit to leave your last country? _____

2.3. What type of transportation did you use for exiting the last country? _____

2.4. Indicate the countries and cities you crossed in transit _____

2.5. How long did you stay at transit centres?

Indicate the location	Duration of Stay

2.6. Have you ever applied for asylum or for the refugee status in other countries? If yes, indicate the time and place _____

2.7. If no, indicate the reason(s) _____

3. ENTRY INTO UKRAINE

3.1. Date and Place of Crossing the Ukrainian Border _____

3.2. What transportation was used during entry into Ukraine? _____

3.3. In what manner did you cross the border? (secretly, or based on official permit, visa, invitation, work contract, other) _____

3.4. What document did you use/present for entering Ukraine? _____

3.5. What are the legal grounds for your stay in Ukraine? (visa, refugee status, no grounds/illegally, other) _____

3.6. Have you ever applied for acquisition of the refugee status in other regions of Ukraine?

Migration Service Body	Application Date	Adopted Decision

4. REASONS FOR LEAVING THE COUNTRY OF PERMANENT RESIDENCE

4.1. Specify the reasons for leaving your last country of permanent residence (indicate facts of violence or persecution of you or your family members, or real threats of persecution under the circumstances described in Article 1 of the Law of Ukraine "On Refugees and Persons Who Need Complementary or Temporary Protection in Ukraine". Attach any documentary proof.) _____

4.2. Specify political, military, religious, or public organizations in your country of permanent residence you or your family members have membership in. _____

4.3. Describe your activity in the above organizations _____

4.4. Have you ever been involved in incidents, with the use of physical force, in connection with your racial and national origin, religious convictions, political views, etc? If yes, describe the character of those incidents and your involvement in detail.

4.5. Have you ever been subjected to administrative measures (detention, arrest)? If yes, indicate the reasons.

4.6. Have you ever been held criminally liable? If yes, specify:

4.6.1. Nature of Violation of Law, its Legal Classification _____

4.6.2. Imposed Sentence, Type of Punishment _____

4.6.3. Term of Imprisonment (as stated in the court verdict, actually served) _____

4.6.4. Place of Serving the Punishment _____

4.7. Have you served in the Armed Forces? _____

a) Liable for Military Service _____

b) Exempt from Military Service _____

4.7.1. Military Rank _____

4.7.2. If you have not served, explain the reasons. _____

4.7.3. At the time of exit, did you serve in the army of your country of last country of permanent residence: to complete compulsory military service/draft, or perform duties under a military service contract?

Military Rank _____

4.7.4. Did the armed forces you served in participate in active military operations at the time of your exit from the last country of permanent residence? If yes, specify.

5. ADDITIONAL DATA

If you have some relevant information that is not included in the main text, please specify all data that you consider important for decision-making on recognition as refugee or person who needs complementary protection

Please notify if you agree to grant access to the materials in your personal file to your lawyer, legal representative, United Nations High Commissioner for Refugees (hereinafter, UNHCR), or to a representative of non-government organizations of UNHCR at any stage of consideration of your application for recognition as refugee or person who needs complementary protection.

"__" _____ 20__

(Signature of Applicant)

"__" _____ 20__

(Last Name, Signature of Legal Representative)