



**APPLICATION FOR
REFUGEE STATUS**

| | | | | | | |
|--------------|---|----------------------|-----------------------------|--|----------------------|---------------|
| SMS use only | <input type="checkbox"/> Principal Applicant <input type="checkbox"/> Derivative Status | | | ↓ <i>Space for Photograph</i> | | |
| | RSD File # | <input type="text"/> | Reg. # | | <input type="text"/> | |
| | Arrival Date (day/month/year) | <input type="text"/> | Reg. Date (day/month/year): | | <input type="text"/> | Special Needs |
| | Reg. Staff | <input type="text"/> | Interpreter | | <input type="text"/> | |
| | Linked RSD Files | <input type="text"/> | <input type="text"/> | | | |

To be completed by each applicant for refugee status

1. BASIC BIO DATA

| | | | | | |
|---|--|---------------------------------|--------------------------------------|-----------------------------------|--------------------------------|
| 1a) | First name(s) | 1b) | Last name(s) | 1c) | Date of birth (day/month/year) |
| Place of birth | | | | | |
| 1d) | Indicate what sex is identified on your passport | | | | |
| | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Other _____ | | |
| If you do not identify with the sex/gender on your passport, you may self-identify your sex/gender: | | | | | |
| 1e) | Nationality | | 1f) | Religion and denomination or sect | |
| | Ethnic and racial group or tribe | | | | |
| 1g) | List all languages and dialects you speak | | | | |

2. EDUCATION (HIGHEST LEVEL)

| Name of institution | Place/Country | From (month/year) | To (month/year) | Qualification obtained |
|---------------------|---------------|-------------------|-----------------|------------------------|
| | | | | |

| | | | | |
|-----|--|----------|----------|--|
| (a) | | --/----- | --/----- | |
| (b) | | --/----- | --/----- | |
| (c) | | --/----- | --/----- | |

3. OCCUPATION (MOST RECENT IN THE HOME COUNTRY)

| Name of employer | Place/Country | From (month/year) | To (month/year) | Job title |
|------------------|---------------|----------------------|--------------------|-----------|
| (a) | | --/----- | --/----- | |
| (b) | | --/----- | --/----- | |

4. IDENTIFICATION DOCUMENTS/OTHER DOCUMENTS PROVIDED

| Document type, number | Place of issue | Date of issue (day/month/year) | Date of expiry (day/month/year) | Original provided? |
|-----------------------|----------------|-----------------------------------|------------------------------------|--|
| (a) | | --/--/----- | --/--/----- | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) | | --/--/----- | --/--/----- | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) | | --/--/----- | --/--/----- | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) | | --/--/----- | --/--/----- | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (e) | | --/--/----- | --/--/----- | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (f) | | --/--/----- | --/--/----- | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Documents obtained illegally

If any of the documents listed above were not issued legally, please explain how they were obtained.

Missing documents

If you are missing identity documents or other documents that are relevant to your claim, please explain why you do not have these documents.

If you are missing documents, will you be able to obtain these documents in the future? If not, please explain why.

5. CITIZENSHIP

List each country of which you are or have been a citizen.

| Country | Present status | How citizenship was acquired (e.g. by birth, by marriage, etc.) | Date citizenship was acquired (day/month/year) |
|---------|----------------|---|---|
| (a) | | | |
| (b) | | | |

| | | | |
|-----|--|--|--|
| (c) | | | |
| (d) | | | |
| (e) | | | |
| (f) | | | |

6. FAMILY/HOUSEHOLD COMPOSITION (if the applicant is applying as a dependant/family member of a Principal Applicant, and the information in this section is identical to the form of the Principal Applicant, the name and registration number of the Principal Applicant may be provided instead of completing the section)

Name and registration No of Principal Applicant:

List your family members/dependants, living or dead, in the order below. Use an additional sheet if you need more space.

- i. Your spouse(s), or your partner, including your same-sex partner
- ii. Your children, including children born outside of marriage and adopted children
- iii. Your parents
- iv. Your brothers and sisters, including half-brothers and half-sisters

| Last name(s) | First name(s) | Relationship (e.g. mother, son) | Date of birth ¹ | Citizenships(s) | Place and country where they live ² |
|--------------|---------------|---------------------------------|----------------------------|-----------------|--|
| (a) | | | | | |
| (b) | | | | | |
| (c) | | | | | |
| (d) | | | | | |
| (e) | | | | | |
| (f) | | | | | |
| (g) | | | | | |
| (h) | | | | | |
| (i) | | | | | |
| (j) | | | | | |
| (k) | | | | | |

¹ If you do not know the date, give the person's approximate age

² If person is dead, give the date of death (day/month/year)

7. PREVIOUS PROTECTION CLAIMS

If you or any of your relatives listed in section 6 above have ever claimed refugee protection or asylum in Armenia or in any other country [including from the United Nations High Commissioner for Refugees (UNHCR)], provide details here.

| Last name(s) | First name(s) | Relationship (e.g. mother, son) | Date of claim | Country | Result ¹ | File no. |
|--------------|---------------|---------------------------------|---------------|---------|---------------------|----------|
| | | | | | | |

| | | | | | | |
|-----|--|--|--|--|--|--|
| (a) | | | | | | |
| (b) | | | | | | |
| (c) | | | | | | |
| (d) | | | | | | |
| (e) | | | | | | |
| (f) | | | | | | |
| (g) | | | | | | |

¹ For example: granted, rejected, not completed

8. VISA APPLCIATIONS TO ARMENIA

| | | | |
|-------------|--|-------------|--|
| 8(a) | Did you apply for a visa to enter Armenia? <input type="checkbox"/> Yes <input type="checkbox"/> No | 8(b) | If "YES, date of the application (day/month/year) |
| 8(c) | At which consular office? | 8(d) | Was the application granted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8(e) | Type of Armenian visa applied for <input type="checkbox"/> Visitor <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic <input type="checkbox"/> Other | | |
| 8(f) | Date visa was issued (day/month/year) and duration | 8(g) | Date visa application was refused (day/month/year) |
| 8(h) | Reason for visa refusal | | |

9. DETAILS OF TRAVEL (if the applicant is applying as a dependant/family member of a Principal Applicant, and the information in this section is identical to the form of the Principal Applicant, the name and registration number of the Principal Applicant may be provided instead of completing the section)

Name and registration No of Principal Applicant

1. Date of departure from home country (day/month/year) __/__/----
2. Means of travel out of home country

| 3. Exit point from home country | | | |
|--|--------------------------|------------------------|----------------------|
| 4. Countries of transit | Period | | Travel document used |
| | From (month/day/year) | To (month/day/year) | |
| | --/ /---- | --/ /---- | |
| | --/ /---- | --/ /---- | |
| | --/ /---- | --/ /---- | |
| | --/ /---- | --/ /---- | |
| 5. Entry point in Armenia | | | |
| 6. Date of arrival in Armenia (day/month/year) --/ /---- | | | |
| 7. Have you been to Armenia before? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If yes , please provide date and duration of stay | | | |

10. CRIMINAL RECORD

Have you ever been convicted of any offence in your country or in any other country? If yes, provide details. Yes No

11. MILITARY SERVICE

11(a) Did you serve in the military? Yes No

11(b) If yes, which unit of the armed forces?

11(c) Were you involved in an armed conflict? If yes, provide details. Yes No

12. CONTACT DETAILS IN ARMENIA

| | |
|------------------------------|---------------------------------------|
| 12(a) Street name and number | 12(b) Room, floor or apartment number |
|------------------------------|---------------------------------------|

| | | |
|------------|-------------------|------------------------|
| 12(c) City | 12(d) Postal Code | 12(e) Telephone number |
|------------|-------------------|------------------------|

IF YOU MOVE, YOU MUST GIVE THE SMS YOUR NEW ADDRESS IMMEDIATELY

13. DETAILS OF REPRESENTATIVE

| | | | |
|--|---|----------------|---------------|
| 13(a) | Do you have a representative (for example, a lawyer, family member or other person who will be helping you with your refugee status claim before the State Migration Service)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", did your representative help you to complete this Form? <input type="checkbox"/> Yes <input type="checkbox"/> No will your representative be representing you at your interview? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 13(b) | Name of your representative | | |
| 13(c) | Address | | |
| 13(d) | City | 13(e) | Postal Code |
| 13(f) | Telephone number | 13(g) | Fax number |
| | | 13(h) | Email address |
| Check one: | | | |
| 13(i) | <input type="checkbox"/> Lawyer | Licence number | |
| 13(j) | <input type="checkbox"/> Family member | Relationship | |
| | <input type="checkbox"/> Other | | |
| <i>If you get a representative or if you change your representative in the future, you must inform the SMS immediately.</i> | | | |

14. LANGUAGE AND INTERPRETER

| |
|--------------|
| 14(a) |
|--------------|

| | |
|---|---|
| 14(a) | Interpreter for your language or dialect |
| <p>If you do not speak/understand Armenian, we will provide an interpreter for you at your interview. Please write the language and dialect you want to use. If you do not need an interpreter, write "N/A" (not applicable).</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Language Dialect</p> | |
| <p>Do you have a preference to be interviewed by a staff member and interpreter of a particular sex? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate which sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> | |
| <p><i>If you want to change the language/dialect of interpretation or your preference regarding the sex of interviewer/interpreter, you must inform the SMS in writing or in person at least 10 days before your interview.</i></p> | |

15. REASONS FOR CLAIMING REFUGEE STATUS

When you answer the questions in this section, please explain everything in order, starting with the oldest information and ending with the newest. **INCLUDE EVERYTHING THAT IS IMPORTANT FOR YOUR APPLICATION. INCLUDE DATES, NAMES AND PLACES WHEREVER POSSIBLE.**

If the information one of your accompanying family members wrote in this part of their Application Form applies to you, you do not need to repeat that information here. Simply write the name and registration number of the family member and explain that your claim for refugee status is based on the same information.

Attach two copies of any documents you have to support your application, such as travel documents (including your passport) and identity, medical, psychological or police documents. If you get more documents after submitting your Application Form, submit two copies to the SMS without delay.

Name and registration No of Principal Applicant:

| | |
|---|---|
| 15(a) | Have you or your family ever been harmed, mistreated or threatened by any person or group? |
| <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>If "YES" explain in detail:</p> <p>What happened to you and your family; When the harm or mistreatment or threats occurred; Who do you think caused the harm or mistreatment or threats; What do you think was the reason for the harm or mistreatment or threats that occurred; Whether persons in situations similar to yours experienced such harm, mistreatment or threats.</p> <p>(Indicate dates, names and places, wherever possible.)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> | |

8.

9.

10.

... if you need more space, use additional sheets of paper the same size as this form.

15(b)

If you would return to your country, do you believe you would be harmed, mistreated or threatened by any person or

Yes No

If "YES" explain in detail:

What would happen to you?

Who would harm, mistreat or threaten you?

What do you think is the reason you would be harmed, mistreated or threatened?

(Indicate dates, names and places, wherever possible.)

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

... if you need more space, use additional sheets of paper the same size as this form.

15(c)

Did you ask any authorities such as the police, or any other organisation, in your country to protect or assist you?

Yes No

If "NO" explain in detail why not.

If "YES" explain in detail:

Whom you approached for help;

What steps you took; and

What happened as a result.

(Indicate dates, names and places, wherever possible.)

1.

2.

3.

4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____

... if you need more space, use additional sheets of paper the same size as this form.

15(d) **When did you leave your country? (Provide dates)**

1. _____
2. _____

15(e) **Why did you leave at that time?**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

... if you need more space, use additional sheets of paper the same size as this form.

15(f) **Did you move to another country (other than Armenia) to seek safety?**

Yes No

If "YES" explain in detail:

Name of country;

When you moved to that country;

How long you stayed there;

Whether you applied for refugee status in that country and, if not, why not.

1. _____

2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

... if you need more space, use additional sheets of paper the same size as this form.

15(g)

Give any other details that you think are important for your application for protection.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

... if you need more space, use additional sheets of paper the same size as this form.

16. DECLARATION

I declare the information I have supplied on and with this form is complete, correct and current in every detail.

I understand that if I have given false or misleading information, my application for refugee status may be refused, or, if I have been recognised as a refugee, the recognition may be cancelled.

I undertake to inform the SMS of any significant changes to my circumstances while my application is being considered, including any changes to my address and contact numbers, the arrival or departure of members of my household or other changes in the composition of my household.

Signature _____

Date _____

Place _____

17. INTERPRETER'S DECLARATION

In case the form has been completed with the assistance of an interpreter.

I, (print full name clearly) _____, hereby declare that I have accurately interpreted the entire content of this form for the claimant from the Armenian language to the _____ language (state dialect, if any). I am proficient in both of these languages (and dialect, if any) and was able to communicate effectively with the claimant. The claimant has assured me that he/she understood the entire content of this form and the answers provided, as interpreted by me.

Interpreter's signature

Date (day/month/year)