



DECLARATION: INTERVENTION OF UNHCR/CBAR STAFF MEMBER

Case number CGRS: .....

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Please send this document completed, dated and signed to the CGRS:

**By post** Office of the Commissioner General for Refugees and Stateless Persons  
Helpdesk lawyers, trusted persons and UNHCR  
Rue Ernest Blerot 39  
1070 BRUSSELS

**By fax** 02 205 50 07

**By e-mail** [CGRA-CGVS.Advocate@ibz.fgov.be](mailto:CGRA-CGVS.Advocate@ibz.fgov.be)

Or hand in this form completed, dated and signed at the Helpdesk lawyers, trusted persons and UNHCR. This Helpdesk is open every working day from 9 a.m. to 12.30 a.m. and from 2 p.m. to 4 p.m.

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**I the undersigned:**

.....

UNHCR/CBAR staff member (delete as appropriate)

Contact address: .....

Address: .....

Postal code: ..... - Municipality: .....

Phone number: .....

Hereby declare to assist:

Name and first name of the asylum seeker(s):

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.....  
.....

During the processing of the asylum application at the Office of the Commissioner General for Refugees and Stateless Persons.

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Date

Signature

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