Antecedents Certificate

Please state the situation that applies to you below. This certificate only needs to be completed if the foreign national is 12 years of age or older.

If this antecedents certificate has not been completed truthfully this will have consequences for your right of residence.

☐ I certify that:
  • I have never been sentenced to imprisonment or a custodial measure for committing a crime;
  • I have never been sentenced to perform community service for committing a crime;
  • I have never been imposed an unconditional fine for committing a crime;
  • I have never accepted an out-of-court settlement for committing a crime;
  • I have never been imposed a penalty order by a public prosecutor for committing a crime;
  • I am currently not subject to prosecution for committing a crime;
  • I have never been responsible for one of the following categories of acts as referred to in Article 1F of the 1951 Refugee Convention: a crime against peace, a war crime, a crime against humanity, a serious non-political crime (for example murder or terrorism), or acts contrary to the purposes and principles of the United Nations (for example terrorist acts); and
  • I am aware of the fact that a sentence for committing a crime may result in a refusal or termination of the right of residence.

☐ I certify that:
  • I have not submitted any incorrect data during earlier residence procedures;
  • I did not reside in the Netherlands illegally in the past;
  • I am not subject to any entry ban.

☐ I am unable to certify the above for the following reasons:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Signing

Place and date       Signature
______________________________  _________________________________

International Office
TBC form

Tuberculose / Tuberculosis

In order to obtain a residence permit, you (or the person whom you represent) must be prepared to undergo a tuberculosis examination and, if necessary, treatment for tuberculosis. The Declaration of Intent for a Tuberculosis Examination is part of the application for the residence permit at the Immigration and Naturalisation Service (IND). If all the documents are complete, the Immigration and Naturalisation Service (IND) will grant you a residence permit as soon as possible. You will be granted this permit on the specific condition that you actually undergo a tuberculosis examination within three months. Failure on your part – despite your signing of this Declaration of Intent – to undergo a tuberculosis examination within the three-month period following the issuance of a residence permit may result in cancellation of the granted permit.

Submit the completed and signed Declaration of Intent together with your application before you make an appointment with the Municipal Health Service (GGD). By signing this declaration, you declare that you are prepared to undergo a tuberculosis examination and, if necessary, treatment for tuberculosis. You must bring the Tuberculosis Examination Referral Form, completed as much as possible (Section A), to the appointment with the Municipal Health Service (GGD).

The examination requirement does not apply to citizens of the following countries: EU or EEA Member State, Albania, Andorra, Antigua and Barbuda, Argentina, Australia, Bahamas, Bahrain, Barbados, Belize, Bosnia, Brazil, Canada, Chile, Colombia, Comoros, Costa Rica, Cuba, Dominica, Egypt, El Salvador, Fiji, Grenada, Iraq, Iran, Israel, Jamaica, Japan, Jordan, Kuwait, Lebanon, Libya, Macedonia, Maldives, Mauritius, Mexico, Monaco, Montenegro, New Zealand, Nicaragua, Niue, Oman, Panama, Paraguay, Qatar, Samoa, San Marino, Saudi Arabia, Serbia, Seychelles, Singapore, St Kitts and Nevis, St Lucia, St Vincent and the Grenadines, Surinam, Syria, Switzerland (including Liechtenstein) Tonga, Trinidad and Tobago, Tunisia, Turkey, Uruguay, Venezuela, United Arab Emirates, United States and Yemen.

The examination requirement also does not apply to holders of a valid residence permit for an EEA Member State, an EU Member State or Switzerland, or if you hold an EG residence permit for long-term residents issued by another EU Member State or if you are a family member of a long-term resident and you have already been admitted to another EU Member State as a family member of such long-term resident.

☐ I hereby declare that I am prepared to cooperate in the tuberculosis examination and, if necessary, to undergo treatment for tuberculosis within three months after the date on which the application for a residence permit was filed.

☐ I do not need a tuberculosis examination as I am a national of one of the following countries: EU or EEA Member State, Albania, Andorra, Antigua and Barbuda, Argentina, Australia, Bahamas’s, Bahrain, Barbados, Belize, Bosnia, Brazil, Canada, Chile, Colombia, Comoros, Costa Rica, Cuba, Dominica, Egypt, El Salvador, Fiji, Grenada, Iraq, Iran, Israel, Jamaica, Japan, Jordan, Kuwait, Lebanon, Libya, Macedonia, Maldives, Mauritius, Mexico, Monaco, Montenegro, New Zealand, Nicaragua, Niue, Oman, Panama, Paraguay, Qatar, Samoa, San Marino, Saudi Arabia, Serbia, Seychelles, Singapore, St Kitts and Nevis, St Lucia, St Vincent and the Grenadines, Surinam, Syria, Switzerland (including Liechtenstein) Tonga, Trinidad and Tobago, Tunisia, Turkey, Uruguay, Venezuela, United Arab Emirates, United States and Yemen.

☐ I do not need a tuberculosis examination as I am in possession of a valid residence permit as a (family member of a) long-term resident for an EU/EEA country or Switzerland.

Failure on my part to comply with this requirement will have consequences for my right to stay in the Netherlands.

Signing

Place and date       Signature

______________________________  _________________________________