

Personal information

First name	Family name)	DUF number
Name of your current asylum reception centre		Name of the asylum centre you wish to move to	

Why do you wish to move?

Please check the box that applies to you.

I have a spouse, children, parents or grandparents in or near the asylum reception centre I wish to move to. I understand that having a girlfriend/boyfriend near the asylum reception centre is not a sufficient reason for moving. Name/DUF number of my family member(s):
I wish to cohabit with a resident of the asylum reception centre I wish to move to. We understand that we both need to sign this form and that as cohabitants we will receive less money.
I need special medical treatment which requires that I move. I have enclosed documents which confirms this.
I have been given a job or education offer that requires me to move. I have enclosed my job offer for a position which is at least 50% of a full-time position / admission letter for education.
I am isolated at my current asylum reception centre due to both my national and linguistic background.

Please remember necessary documents and your signature

We turn down applications that lack documentation and/or required signatures.

If you have information that is relevant to your application, you can write this down and enclose with your application. You can find the guide lines for moving between asylum reception centres in the Circular RS 2011-045 (Norwegian only).

The signature of you who are applying

Place and date	The signature of you who are applying

Confirmation from and signatures of you who are applying to be cohabitants in the same asylum reception centre

U We wish to become cohabitants

We understand that we will receive less money when we are cohabitants

Place and date	The signature of you who are applying to move to the asylum reception centre of your cohabitant
Place and date	The signature of you who wish to become cohabitant at the asylum reception centre where you are currently living