## Address registration form

Declaration of permitted official postal address of employer

Name Company/				leiden region
Institution/Organisation				
Name Contact person				Expat Centre Leiden
Phone number		E-mail		Bargelaan 190 2333 CW Leiden
Official Visiting address				+31(0)715166005
Postcode		City		expatcentreleiden.nl info@expatcentreleiden.nl
		that the employee/spous e the official postal addre	se/partner/child mentioned ess of the employer.	day month year
Name Employee			Date of Birth	
Name Spouse / registered partner			Date of Birth	
Name and date(s) of birth child(ren)			Date of Birth	
			Date of Birth	
			Date of Birth	
Phone number		E-mail		-
Reason for temporary regis				
Expected period of tempora	ary registration	from	until	""
	The undersigned  Declares to have com Acknowledges that th mail received at this v Acknowledges that th	pleted in the above detail is is the visiting address visiting address reaches t e employer guarantees th	of the employer and the employer	guarantees all
Name Employer's contact person			Place	
			Date	""
Signature Employer's contact person			Stamp Company/ Institution/ Organisation*	
			*If a company stamp is no	ot available, please include a copy of a valid

\*If a company stamp is not available, please include a copy of a valid proof of identity of the employer's contact person.

Please note that the option of registering employees at the employer's address is only a temporary measure, valid for a maximum of three months.

After this time the highly skilled migrant is obliged to register his/her real address with the municipality.

Please visit our website: **expatcentreleiden.nl** for information on how to register a change of address. We kindly request you to inform your employees about this necessity.

Bring this form to Expat Center Leiden,

Bargelaan 190 2333 CW Leiden

An appointment for registration is required. Make your appointment on expatcentreleiden.nl