



Language: Somali

YKE 204

Deputy Ministry of Social Welfare

Application for Material Reception Conditions Codsiga Shuruudaha Soo Dhaweynta Agabka

DATE OF APPLICATION:/...../.....
TAARIKHDA CODSIGA

F.....-.....R

Alien Registration Card Number (ARC).....

Lambarka Kaadhka Diiwaangelinta Shisheeyaha (ARC).....

First Name/MAGACAAGA :	Surname/MAGACA AWOOWE:	
Gender/JINSI :M/ LAB <input type="checkbox"/> F/ DHIDIG <input type="checkbox"/>	Title/NAANEEES : Mr/MUDANE. <input type="checkbox"/> Ms/GABAR. <input type="checkbox"/> Mrs/MARWO. <input type="checkbox"/>	
Nationality/DHALASHO:	Religion/DIINTA:	ID/Passport No/AQOONSI AMA BAASABOOR NAMBARKA:
Address: ADREESKA :	Contact Phone Number/TALEEFAN NAMBARKA :	DATE OF BIRTH/ TAARIKHDA DHALATAY :
		Place of Birth/ MEESHAAD KU DHALATAY:
Marital Status/XAALADA GUURKA :	Languages Spoken/LUUQADAHA :	Interpreter required/TURJUBAAN MA U BAAHANTAHAY : Yes <input type="checkbox"/> No <input type="checkbox"/>
Single/AAN GUURSAN : <input type="checkbox"/> Divorced/LA FURAY: <input type="checkbox"/> Other/XAALAD KALE: <input type="checkbox"/>	Mother tongue/AFKAAGA HOOYO:	
Married/GUURSADAY : <input type="checkbox"/> Widowed/CARMAL/GAROOB <input type="checkbox"/>	Other languages/LUUQADO KALE:	
Family members accompanying the applicant/ XUBIN QOOYSKA KA MIDA OO		

WAHILINAAYA CODSADAHA

Full Name/MAGACA OO SADAXAN	Date of birth/ TAARIKHDA DHALASHADA	Gender (M/F)/ JINSI (LAB/DHIDIG)	Relationship/ WAXA AAD ISKU TIHIIN

I hereby formally declare that I have completed in this form all data required, which are, to the best of my knowledge, true, accurate and complete/ WAXAAN HALKAN KU SHEEGAYAA INAAN DHAMEEYSTIRAY QAABKAN MACLUUMAADKII LOO BAAHNAA OO DHAN, OO AH AQOONTEEYDA UGU FIICAN, TAASOO RUN AH, SAX AH OO DHAMEEYSTIRAN.

Signature of Applicant/SAXIIXA CODSADAHA:

Date/ TAARIKHDA:

Having knowledge that is my absolute right to deny or consent, without this affecting in any way the assessment of my application, I hereby authorize access to my file, to a representative of a competent organisation or other authority, for quality control purposes/ ANIGA OO FAHANSAN XUQUUQDAYDA BUUXDA OO AH IN AAN DIIDI KARO AMA OGOLAADO , TAAS OO SINA WAX KA DHIMEYN CODSIGEYGA MAGANGALYADA, WAXAAN HALKAN KU OGOLAANAYAA IN UU ARKI KARO FAYLKAYGA, WAKIILKA AMA URUR KARTI LEH AMAA AWOOD KALE, TAASOO AH KONTOROLKA IYO QIIMEENTA.

Applicant’s Full Name/ MAGACA CODSADAHA OO SADAXAN:.....

Applicant’s Signature/ SAXIIXA CODSADAHA:.....