Have you stayed outside of the EU for more than 30 consecutive days since January 1st. 2015?

*Har du opholdt dig udenfor EU i mere end 30 sammenhængende dage siden d 1. januar 2015?*

xx

Yes *Ja* No *Nej*

If **yes**, please list the names of the countries, the number of days and the purpose of the trip.

*Hvis* ***ja****, skriv venligst hvilke lande og antal dage samt rejsens formål.*

|  |  |  |  |
| --- | --- | --- | --- |
| Names of the countries*Hvilke lande* | Number of days*Antal dage* | Period of stay*Datoer for opholdet (fra-til)* | The purpose of the trip*Rejsens formål* |
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Date:

*Dato:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Signature:

*Navn:* ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Underskrift:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I declare that I have assisted in the completion of this form at the request of the applicant and that the applicant understands and agrees that the information provided is true and correct.

*Jeg erklærer at have assisteret i udfyldelsen af denne formular på foranledning af ansøger, og at ansøgeren forstår og er enig i, at den angivne information er ægte og korrekt.*

(Another person on the applicant’s behalf)

*(På vegne af ansøger)*

Date:

*Dato: ­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Navn: Underskrift:*