

For IOM Use only

AVRR Case No:

PF No:



International Organization for Migration (IOM)

The UN Migration Agency

**IOM Assisted
Voluntary Return
from Iceland
English**

**IOM Finland
01.07.2018**

IOM Assisted Voluntary Return from Iceland - AVRR application form General

1. Personal details		
Last Name		First Name
Icelandic Case Number / IDI number		
Sex	Date of Birth	Place of Birth
Marital Status		Citizenship(s)
Contact Details in Iceland		<input type="checkbox"/> Icelandic Directorate of Immigration <input type="checkbox"/> Revkianesbær <input type="checkbox"/> Reykjavik <input type="checkbox"/> Hafnarfjörður
Return Address in Country of Return (of yourself or relatives/acquaintances, through whom you can be reached)		Telephone Number in Country of Return
2. Travel information		
Final Destination in Country of Origin (please state full address)?		Do you need transportation to your final destination? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or your dependants have any medical condition? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, please explain		
3. Legal status in Iceland		
<input type="checkbox"/> Withdrawing Asylum Process	<input type="checkbox"/> Rejected Asylum Seeker	
<input type="checkbox"/> Refugee returning home	<input type="checkbox"/> Other _____	

4. Documentation & visas

Document type	Number	Valid until	Date & place issued	Where is the Document?
Passport				
Other travel document				

Other documents and clarifications

5. Dependants returning with applicant

Last Name	First Name	Relationship	Sex	Date of Birth	Nationality	Passport No

6. Language skills

Mother Tongue			
Language	Proficiency	Proficiency	Proficiency
Icelandic	<input type="checkbox"/> Fluent	<input type="checkbox"/> Regular	<input type="checkbox"/> Poor
English	<input type="checkbox"/> Fluent	<input type="checkbox"/> Regular	<input type="checkbox"/> Poor
Other language	<input type="checkbox"/> Fluent	<input type="checkbox"/> Regular	<input type="checkbox"/> Poor
	<input type="checkbox"/> Fluent	<input type="checkbox"/> Regular	<input type="checkbox"/> Poor

Applicant's (or legal representative's) signature

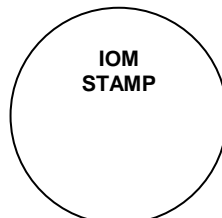
Date and place

Interpreter's signature [if applicable]

Date and place

Signature of the Representative of IOM or of the Delegate partner

Date and place



7. Counsellor or Case Officer

Comments or concerns to be considered prior to the return arrangements

(Signature of Counsellor)

(Name of Counsellor)

(Telephone number)

(Fax Number) (E-mail)

Place and Date

Icelandic Directorate of
Immigration

Reception center

Municipality

Police

Other:

STAMP



8. Attachments to this application

- Photocopy of the travel documents
- Other documents of relevance for travel arrangements (copies of personal IDs, medical statements, other)

9. For use of IOM Finland Only

Received on (date):

AVRR Case Number:

Related Persons:

Applicant considered eligible for voluntary return: Yes No

Estimated Date of Departure:

Special Considerations for Return:

Please forward the completed form to IOM Finland:

Mailing address: P.O. Box 851, FI-00101 Helsinki, Finland
Visiting address: Unioninkatu 13, 6th floor, FI-00130 Helsinki, Finland
Email: jsavr@iom.int
Enquiries Tel: +358 9 684 11540