



States of Guernsey
Population Management



Population Management & Guernsey Border Agency

Consent form

I, (full name) _____

Date of Birth: _____

of (address) _____

give permission for (nominated person) _____

_____,

Population Management and the Guernsey Border Agency (Immigration) to disclose details and information required to determine my residential status/application under the Population Management (Guernsey) Law, 2016 and/or my immigration application/status under the Immigration Act, 1971, as extended to the Bailiwick of Guernsey (if applicable).

Signed: _____ Date: _____

Please print name (_____)

You can withdraw consent at any time by emailing population@gov.gg or immigration@gba.gov.gg.