



מינהל אכיפה וזרים
Enforcement and Foreigners Administration
יחידת הטיפול במבקשי מקלט
Refugee Status Determination Unit

Refugee Status Determination Application Form

(Rev. 30/06/15)

This part is for internal RSD office use:		Space for Photograph
<input type="text"/> מקום הגשת בקשה:	<input type="checkbox"/> מבקש ראשי <input type="checkbox"/> תיק תלוי	
<input type="text"/> מס' נוסף:	<input type="text"/> מס' תיק RSD:	
מקום לחותמת:		
		<input type="text"/> תיקים בעלי קשר:
		<input type="text"/> צרכים מיוחדים:
		תאריך כניסה לישראל ____/____/____

Registration Information Sheet

Parts A to H must be completed for every adult and child Applicant, including family members and other dependants who are accompanying a Principal Applicant.

(Failing full completion of this application could cause your request to be not considered)

Part A – Basic Bio Data (Personal Information)

1. Full Name (<u>Underline main name</u>):	
2. Other Names Used:	
3. Father's Name:	4. Mother's Name:
5. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Nationality:
6.1 Citizenship:	6.2 Other Citizenship:
7. Date of Birth (dd/mm/yyyy): ____/____/____ (If not known give estimated year of birth):	
8. Place of Birth:	
9. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
10. Spouse's Name (if applicable):	
11. Religion:	12. Ethnicity:
13. Full Address of Last Place of Residence in Home Country:	

14. Contact Numbers in Home Country:
15. Full Present Address of Residence in Israel:
16. Contact Numbers in Israel:

Part B – Education (Highest Level)				
Name of Institution	Place/Country	From (mm/yyyy)	To (mm/yyyy)	Qualification Obtained
		--/-----	--/-----	
		--/-----	--/-----	

Part C – Occupation (Most recent in the home country)				
Name of Employer	Place/Country	From (mm/yyyy)	To (mm/yyyy)	Job Title
		--/-----	--/-----	
		--/-----	--/-----	

Part D – Identification Documents / Other Documents Provided				
Document Type, Number	Place of Issue	Date of Issue (dd/mm/yyyy)	Date of Expiry (dd/mm/yyyy)	Original Provided?
		--/--/-----	--/--/-----	<input type="checkbox"/> Yes <input type="checkbox"/> No
		--/--/-----	--/--/-----	<input type="checkbox"/> Yes <input type="checkbox"/> No
		--/--/-----	--/--/-----	<input type="checkbox"/> Yes <input type="checkbox"/> No
		--/--/-----	--/--/-----	<input type="checkbox"/> Yes <input type="checkbox"/> No
		--/--/-----	--/--/-----	<input type="checkbox"/> Yes <input type="checkbox"/> No
		--/--/-----	--/--/-----	<input type="checkbox"/> Yes <input type="checkbox"/> No

Documents Obtained Illegally:

If any of the documents listed above were not issued legally, please explain how they were obtained.

Missing Documents:

If you are missing identity documents or other documents that are relevant to your claim, please explain why you do not have these documents.

If you are missing documents, will you be able to obtain these documents in the future? If not, please explain why.

Part E – Applicant's UNHCR Registration History

1. Have you already been registered by UNHCR in any country in the world? ☐ Yes ☐ No

If **yes**, where were you registered?

Registration number:

Date of registration:
(dd/mm/yyyy):
//_/_

2. Have you ever applied for refugee status with UNHCR or a government? ☐ Yes ☐ No

If **Yes**,

Where?

When?

Decision and/or status
obtained:

Family/Household Composition

If the Applicant is applying as a dependant/family member of a Principal Applicant, and the information in Parts F to H is identical to the form of the Principal Applicant, the registration number of the Principal Applicant may be provided instead of completing Parts F to H.

Registration number of Principal Applicant _____

Part F – Family Members and Dependants Accompanying the Applicant

	Full Name	Individual Registration Number	Relationship to Applicant	Sex (M/F)	Date of Birth (dd/mm/yyyy)
01					_/_/_/_
02					_/_/_/_
03					_/_/_/_
04					_/_/_/_
05					_/_/_/_

06					--/ /----
07					--/ /----
08					--/ /----
09					--/ /----
10					--/ /----

Part G – Close Family Members and Dependants in Home Country

Full Name	Relationship to Applicant	Date of Birth (dd/mm/yyyy)	Citizenship	Occupation
		--/ /----		
		--/ /----		
		--/ /----		
		--/ /----		
		--/ /----		
		--/ /----		

Part H – Non-Accompanying Family Members and Dependants Living Outside Home Country

Full Name	Relationship to Applicant	Date of Birth (dd/mm/yyyy)	Address	Status there	Citizenship
		--/ /----			
		--/ /----			
		--/ /----			
		--/ /----			

Additional Information for RSD

Parts I to K must be completed for every adult applicant or by children who are applying as Principal Applicants.

Part I – Details of Travel

1. Date of Departure from Home Country (dd/mm/yyyy): _ _ / _ _ / _ _ _ _

2. Means of Travel out of Home Country:

3. Exit Point from Home Country:

4. Countries of Transit:	Period		Travel Document Used
	From (dd/mm/yyyy)	To (dd/mm/yyyy)	
	_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _	
	_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _	
	_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _	
	_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _	

5. Entry point in Host Country-Israel:

6. Date of arrival in Israel (dd/mm/yyyy): _ _ / _ _ / _ _ _ _

7. Have you been to Israel before? ☐ Yes ☐ No

If **yes**, please provide date and duration of stay:

Part J – Sex of Interviewer / Language(s) of Interview

Do you have a preference to be interviewed by a staff member and interpreter of a particular sex?

☐ Yes ☐ No

If **yes**, indicate which sex: ☐ Male ☐ Female

What official language(s) do you prefer for Asylum request interviews? _____

Part K – Written Statement

When answering the questions below, you should tell us everything about why you believe that you are in need of refugee status. You should provide as much detail as possible, including the date when the relevant events occurred. It is important that you provide full and truthful answers to these questions. If you need more space, please attach additional pages with the details.

1. Why did you leave your home country? (Write your answer in clear handwriting)

2. What do you believe may happen to you, or members of your household, if you return to your home country? Please explain why. (Write your answer in clear handwriting)

3. State any political, religious, military or ethnic to which you or any members of your family belong or previously belonged in your home country. Describe what type of an organization or group the above is. (Write your answer in clear handwriting)

4. Have you ever served in the army? If so, please provide dates of services, rank and type of unit, places where you served and what your responsibilities were. (Write your answer in clear handwriting)

5. Have you ever been arrested or detained in your home country? If yes, write the date of arrest and date of release. Have you ever been convicted by court of law in your home country? If so, give details of charges and sentences. (Write your answer in clear handwriting)

Declaration***To be signed by the Applicant***

I declare that the information I have supplied on and with this form is complete, correct and current in every detail.

I understand that if I have given false or misleading information, my application for refugee status may be refused, or if I have been granted refugee status that status may be revoked.

I undertake to inform Population and Immigration Authority of any significant changes in my situation while my application is being considered, **including any changes in my address and contact numbers**, the arrival or departure of members of my household or other changes in my family situation.

Signature of Applicant: _____

Date: _____

Place: _____