

## Reporting form for study purposes (recognised sponsor)

You can only use this form if the foreign national has a residence permit for study purposes. You are:

- a recognised sponsor; or
- authorised representative of the recognised sponsor.

With this form you only report changes that relate to the foreign national for whom you are a recognised sponsor. Changes with respect to the recognised sponsor are reported with 'Reporting form for changes concerning the recognised sponsor'.

You can use this form to submit any changes you have to report to the IND under your obligation to provide information. Different periods apply within which you must report changes.

- 1. If the foreign national for whom you are a recognised sponsor is planning to pursue part of the study programme in one or several second Member States within the European Union, you must report to the IND no later than 4 weeks before the start of the outbound mobility.
- 2. All other changes must be reported to the IND within 4 weeks after the change takes effect.

| 1   | Details of the recog            | nise | ed s | pon | sor |  |  |  | W | rite in | block | letter | S |
|-----|---------------------------------|------|------|-----|-----|--|--|--|---|---------|-------|--------|---|
| 1.1 | Name of educational institution |      |      |     |     |  |  |  |   |         |       |        |   |
| 1.2 | IND client number (if known)    | 1-   |      |     |     |  |  |  |   |         |       |        |   |
| 1.3 | Name contact person             |      |      |     |     |  |  |  |   |         |       |        |   |
| 1.4 | Telephone number                |      | 1    |     |     |  |  |  |   |         |       |        |   |
| 1.5 | E-mail                          |      |      |     |     |  |  |  |   |         |       |        |   |

## **Processing of personal data**

The Immigration and Naturalisation Service (IND) processes personal data when it processes your application, notification, or request. This means that if needed the IND will request data from you yourself and other organisations or persons. The IND also uses and stores data and shares them with other organisations. When doing so, the IND strictly adheres to the stipulations of privacy legislation. For instance, the IND must treat data safely and with due care. The law also gives rights. At your request, you are allowed to see which data on you the IND processes. You can also get information on why the IND does so and to whom your data have been passed on. On <a href="https://www.ind.nl">www.ind.nl</a> you can read how the IND processes your data and which rights you have. You can also read how to use your rights.

| 2   | Details of the foreign                                                                                                                                                                                                                                                                     | national                                                                                                                                  | Write in block letters           |  |  |  |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--|--|--|
| 2.1 | V-number (if known)                                                                                                                                                                                                                                                                        |                                                                                                                                           | J                                |  |  |  |
| 2.2 | Citizen Service Number (if known) Name (as stated in the passport)                                                                                                                                                                                                                         | Surname                                                                                                                                   |                                  |  |  |  |
|     | (as stated in the passport)                                                                                                                                                                                                                                                                | First names                                                                                                                               |                                  |  |  |  |
| 2.4 | Sex                                                                                                                                                                                                                                                                                        | ☐ Male ☐ Female                                                                                                                           |                                  |  |  |  |
| 2.5 | Date of birth                                                                                                                                                                                                                                                                              | Day Month Year                                                                                                                            |                                  |  |  |  |
| 3   | To what does your report relate?                                                                                                                                                                                                                                                           |                                                                                                                                           |                                  |  |  |  |
|     | > Please tick the applicable situation                                                                                                                                                                                                                                                     | ion                                                                                                                                       |                                  |  |  |  |
|     | <u> </u>                                                                                                                                                                                                                                                                                   | another sponsor and I now want to be his/her sponsor<br>ig to pursue part of the study programme in one or<br>s within the European Union | > Proceed to 4<br>> Proceed to 5 |  |  |  |
|     | ☐ The situation of the foreign nation changed                                                                                                                                                                                                                                              | ational for whom I am now a recognised sponsor has                                                                                        | > Proceed to 6                   |  |  |  |
| 4   | Change of educational institution                                                                                                                                                                                                                                                          |                                                                                                                                           |                                  |  |  |  |
|     | > Please tick                                                                                                                                                                                                                                                                              |                                                                                                                                           |                                  |  |  |  |
|     | The foreign national has a valid residence permit for study purposes. By signing this form, I will present myse as sponsor of the above foreign national as referred to in Article 2a of the Aliens Act and state that the foreign national meets all conditions for the residence permit. |                                                                                                                                           |                                  |  |  |  |

> Proceed to 7 'Date of change'

## 5 **Report of outbound mobility**

The foreign national will pursue part of the study programme in one or several second Member States. You must report to the IND no later than 4 weeks before the start of the outbound mobility.

Stay in another Member State or M

| 5.1 | > Indicate the second Member    |
|-----|---------------------------------|
|     | State or Member States within   |
|     | the European Union in which the |
|     | foreign national will           |
|     | consecutively undergo part of   |
|     | the study programme and during  |
|     | which period                    |

| Member States o | Member States during outbound mobility: |           |      |  |  |  |
|-----------------|-----------------------------------------|-----------|------|--|--|--|
| Member State    |                                         |           |      |  |  |  |
| from            | Day                                     | Month     | Year |  |  |  |
| to              | Day                                     | Month     | Year |  |  |  |
| Member State    | Member State                            |           |      |  |  |  |
| from            | Day                                     | Month     | Year |  |  |  |
| to              | Day                                     | Month     | Year |  |  |  |
| Member State    |                                         |           |      |  |  |  |
| from            | Day                                     | Month<br> | Year |  |  |  |
| to              | Day                                     | Month     | Year |  |  |  |
| □ Yes           |                                         |           |      |  |  |  |

- 5.2 Following on the period of outbound mobility the foreign national will return to the Netherlands
- No
- 5.3 Expected date of return

| Day | Month | Year |  |  |
|-----|-------|------|--|--|
|     |       |      |  |  |
|     |       |      |  |  |

- 5.4 Name of the study programme in the framework of which the foreign national makes use of outbound mobility
  - > Proceed to 8 'Signing'

| 6 Change with respect t | to tne | situation | OT | tne | toreian | national |
|-------------------------|--------|-----------|----|-----|---------|----------|
|-------------------------|--------|-----------|----|-----|---------|----------|

|     | 'Comments' box to which situ                         | ituation. If multiple conditions are true then you can tick several boxes. Enter in the lations apply to each situation and give the date.                                                 |  |  |  |  |  |
|-----|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
|     | ☐ The foreign national is no                         | o longer coming to the Netherlands                                                                                                                                                         |  |  |  |  |  |
|     | ☐ The foreign national no le                         | onger stays in the Netherlands and this change was not reported in good time (within 4 Personal Records Database (BRP) of the municipality where the foreign national is                   |  |  |  |  |  |
|     |                                                      | onger studies on a full-time basis                                                                                                                                                         |  |  |  |  |  |
|     | lacksquare The foreign national has                  | discontinued his studies                                                                                                                                                                   |  |  |  |  |  |
|     | ☐ The foreign national has                           | completed his studies (also for exchange students)                                                                                                                                         |  |  |  |  |  |
|     |                                                      | course attended by the foreign national has been cancelled                                                                                                                                 |  |  |  |  |  |
|     |                                                      | y progress as referred to in Article 6.5 of the Code of Conduct                                                                                                                            |  |  |  |  |  |
|     | The foreign national does<br>the study year          | s not (or no longer) have lasting and sufficient means of support at the beginning of                                                                                                      |  |  |  |  |  |
|     | ☐ The foreign national has                           | died                                                                                                                                                                                       |  |  |  |  |  |
|     | Other changes (> please provide an explanation)      |                                                                                                                                                                                            |  |  |  |  |  |
|     | Comments                                             |                                                                                                                                                                                            |  |  |  |  |  |
| 7   | > Proceed to 7 'Date of char.  Date of change        |                                                                                                                                                                                            |  |  |  |  |  |
| 7.1 | From which date the change takes or will take place? | Day Month Year                                                                                                                                                                             |  |  |  |  |  |
| 8   | Signing                                              |                                                                                                                                                                                            |  |  |  |  |  |
|     | ✓ I declare that I am aware                          | npleted this form fully and truthfully. e of the rights and obligations of recognised sponsors according to the applicable laws ated sanctions for failing to comply with the obligations. |  |  |  |  |  |
| 8.1 | Name                                                 |                                                                                                                                                                                            |  |  |  |  |  |
| 8.2 | Place and date                                       | Place                                                                                                                                                                                      |  |  |  |  |  |
|     |                                                      | Day Month Year                                                                                                                                                                             |  |  |  |  |  |
| 8.3 | Signature (by a person authorised for this purpose)  |                                                                                                                                                                                            |  |  |  |  |  |

## 9 Submitting the reporting form

Send the form to:

Immigratie- en Naturalisatiedienst Postbus 5 9560 AA Ter Apel