**ANNEX TO THE VOLUNTARY DECLARATION FORM - PAKISTAN**

**FOR IOM STAFF/PARTNERS : Each individual who may be considered/be eligible for IOM voluntary return assistance must be able to understand and consider the content of this Annex before signing the Voluntary Declaration Form. Please allow the individual to read the form (or ensure it can be translated in a language understood by the applicant); and explain it before asking him/her to sign the voluntary declaration.**

I, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am aware and agree that according to the instructions issued by the Pakistani Ministry of Interior in November 2015, my (valid or expired) Passport or ID card require verification by the Pakistani Ministry of Interior and will be shared by IOM with the Pakistani Embassy/Consulate in (host country) for this purpose in advance of my return. In the absence of any document, the Pakistani authorities in (host country) will have to confirm my nationality.

I am also aware that, according to the same instructions, I may be checked upon my return by the Pakistani authorities for illegal exit from Pakistan and/or illegal entry into foreign country. If found to have used illegal means/routes to travel abroad, I shall be sent to Anti Human Trafficking Circles for further action. If no illegality has been committed I may be released.

I hereby, for myself, as well as for my dependents, heirs and estate, release, discharge and agree to hold harmless IOM from any liability or damage caused, directly or indirectly, to me, my child or my family in connection with this declaration. I agree, for myself, as well as for my dependents, heirs and estate, that in the event of personal injury or death during and/or after my participation in the IOM project, neither IOM, nor any other participating agency or government can in any way be held liable or responsible.

Signed on [date] at [place]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interpreter’s signature [if applicable]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Representative of IOM or delegate partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_