
**DECLARATION OF WITHDRAWAL OF ASYLUM / HUMANITARIAN
PROTECTION / HUMAN RIGHTS CLAIM**

Please tick one or both of the following options:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | I withdraw my application for asylum and/or humanitarian protection in the United Kingdom, on the basis that I have no well-founded fear of being persecuted and would not face serious harm on return to my country of origin. I understand as a result, arrangements will be made for my removal/voluntary supervised departure to my country of origin as soon as possible. |
| <input type="checkbox"/> | I withdraw my claim under the European Convention on Human Rights on the basis that I have no well-founded fear of a breach of my human rights on return to my country of origin. I understand as a result, arrangements will be made for my removal/voluntary supervised departure to my country of origin as soon as possible. |

If you choose to withdraw your asylum / humanitarian protection / human rights claim in the United Kingdom, consideration of your claim will be discontinued by the Secretary of State.

APPLICANTS DETAILS:

Full Name	
Nationality	
Date of Birth	
Home Office Reference	
Signature	
Date	

RESPONSIBLE ADULT OR LEGAL REPRESENTATIVES DETAILS (To be completed by a responsible adult and/or legal representative only where the applicant is under 18 years of age.):

By completing this form it will be presumed that you and/or a legal representative have given a full explanation to the child or young person regarding the implications of completing this form and withdrawing their asylum claim.

Full Name of Responsible Adult	
Position (i.e. legal representative /social worker)	
Signature	
Date	