

# Proof of Residency Declaration

Full Legal Name:

Date of Birth:

Residential Address:

City/Town:

State/Province:

Postal/ZIP code:

Country:

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I hereby declare that I am currently residing at the above-mentioned address. I confirm that this address is my principal place of residence.

I understand that providing false or misleading information is a serious offense and may result in penalties or legal consequences.

Signature:

\_\_\_\_\_

Signature of Declarant

Date:

\_\_\_\_\_

Date

Contact Number:

Email Address (optional):

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