



Form: Application to change canton for persons requesting protection status S and persons with protection status S

Main applicant	
N-no.:	
First name:	
Surname:	
Date of birth:	
Nationality:	
The application also applies for the following persons:	
(N-no., First name, Surname, Date of birth, Nationality)	
Stage of S status recognition procedure:	<input type="checkbox"/> Registered (decision pending) <input type="checkbox"/> S status granted (Date of decision: _____)
Current address:	c/o: Street: Postal code: Town: Canton:
Requested canton of residence: (incl. address if available)	
Grounds for wishing to change canton (Please select appropriate box and explain.)	<input type="checkbox"/> To be with extended nuclear family (grand-parents, parents, minor or adult children) <input type="checkbox"/> To be with distant relations / acquaintances <input type="checkbox"/> Move to other private accommodation <input type="checkbox"/> Move due to vulnerability <input type="checkbox"/> Move due to work / vocational training <input type="checkbox"/> Other grounds
	Explanation:
Enclosures:	<input type="checkbox"/> Employment contract <input type="checkbox"/> Confirmation of private accommodation <input type="checkbox"/> Confirmation of vulnerability (e.g. medical certificate) <input type="checkbox"/> Other enclosures

Place, Date: _____ Signature(s) of adult applicants:

The signed form and relevant enclosures should be sent to the following address:

State Secretariat for Migration SEM Ukraine Change of Canton Taskforce Quellenweg 6 3003 Bern-Wabern