



## WITHDRAWAL OF REFUGEE AND PROTECTION CLAIM

Date:

C/N:  
A/N:

To: Refugee Status Unit  
PO Box 90533, Victoria Street,  
Auckland 1142,  
AUCKLAND MAIL CENTRE OR Email: [RSU@mbie.govt.nz](mailto:RSU@mbie.govt.nz)

I, \_\_\_\_\_ (first name LAST NAME),  
DOB: \_\_\_\_\_ (DD MMM YYYY)

wish to withdraw my claim to refugee and protection status in New Zealand.

The reasons I am withdrawing my claim are:

Please send the withdrawal confirmation to:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_