**APPENDIX XII — EARLY CLOSING TERM OF THE RESETTLEMENT**

**ADMISSION AND HUMANITARIAN RECEPTION BY COMPLEMENTARY AND COMMUNITY SPONSORSHIP**

### EARLY CLOSING TERM OF THE COMPLEMENTARY RESETTLEMENT, ADMISSION HUMANITARIAN RECEPTION, AND COMMUNITY SPONSORSHIP PROGRAMME (TEMPLATE)

***It must be made available in the mother language of the beneficiaries.***

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, nationality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, passport nº\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, issued by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, valid until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and/or holder of NMRC/ refuge protocol nº\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ valid until\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I declare to be of my own free will to terminate in advance my participation in the Brazilian Resettlement Program and Complementary Pathways Admission and Humanitarian Reception for Afghan Nationals, Stateless Persons and Temporary Visa Holders provided for in Interministerial Ordinance MJSP/MRE nº 42, of September 22, 2023 in the city of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be received by OSC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name/ CNPJ), on the day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I declare that I am responsible for this decision and commit to finding my accommodation, the expenses of which will be paid from my financial resources.

Through this Closing Document, I disassociate myself from the OSC that welcomed me until then, and exempt it from any obligation concerning my stay in Brazil, as of the date of signing this document.

I quit the program so:

Individualized;

In a family group.

In case of disconnection from the family group program, I identify my family members in the list below:

**Name**

**Age**

**Kinship**

**Passaport nº**

Date of reception at the accommodation offered by the OSC:

Date of departure from the accommodation provided by the OSC:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Name/Place/Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representative of the Brazilian government

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representative of the Brazilian OSC