Part 5. Applicant's Statement, Contact Information, Declaration, Certification and Signature

NOTE: Read the Penalties section of the Form I-539 Instructions before completing this section.

Applicant's Statement

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

- 🔀 I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question. 1.b. The interpreter named in **Part 6.** read to me every question and instruction on this application and my answer to every question in
 - a language in which I am fluent, and I understood everything.
- $\overline{\mathbf{X}}$ At my request, the preparer named in **Part 7.**, 2.

Anindita A Chowdhury

prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- Applicant's Daytime Telephone Number 2064209577
- Applicant's Mobile Telephone Number (if any) 4.
- Applicant's Email Address (if any) 5. sugansrini.89@gmail.com

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and

An	plicai	nt's	Sign	ature
	P	~ -		

1.a.

2.

COLLE	CL.	
App	olicant's Signature	
	Applicant's Signature	
>	D. Sugary .	
6.b.	Date of Signature (mm/dd/yyyy)	05/05/2023
out t	TE TO ALL APPLICANTS: If you on this application or fail to submit require the elementary of the eleme	ed documents listed
	rt 6. Interpreter's Contact Info tement, Certification, and Sign	
Prov	ide the following information about th	e interpreter.
Int	erpreter's Full Name	

Interpreter's Business or Organization Name (if any)

Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)