

AUTHORIZATION STATEMENT

I, YOUR FULL NAME, child of
YOUR FATHER'S FULL NAME and of
YOUR MOTHER'S FULL NAME, born at TOWN/CITY OF BIRTH,
nationality COUNTRY OF CITIZENSHIP, bearer of passport No.
PASSPORT NUMBER, applicant for a Residence/Temporary
Stay visa for the purposes of MIGRATION, I
authorize, pursuant to paragraph d) of no. 1 of art. 12 of
Regulatory Decree 2/2013, of 18 March, the consultation
by the Foreigners and Borders Service (SEF) of my
Portuguese criminal record.

SIGNATURE, on DATE of MONTH of 20YEAR

Signature according to identification document