

## Application for a bail address and support under Section 4(1)(C) Of The Immigration and Asylum Act 1999

This form should only be used by applicants who are currently in immigration detention and who require a bail address or who have already been granted bail from immigration detention.

## Please fill in this form in block capitals using black ink

Please read the accompanying guidance notes before filling out this form

Personal details							
1	Full name:	Mr  Mrs  Ms  Miss  Other  (please specify)					
	Including any names previously used and aliases	Surname/Family Name: First name: Other names used/Alias:					
2	Are you:	Male					
3	Date of birth:	/ / (day/month/year)					
4	Nationality:						
5	Reference Numbers:	Home Office Reference					
		Port Reference					
		Support Reference					
		ARC Card (IFB) Reference					
5 a	Have you applied for Section 4 Bail Support before?	Yes  No					

b b	application made	/ / (day/month/year)
6	What is your detention address?	
6 a	Who is your Home Office Case Owner?	
7	Contact telephone number:	Who does this telephone number belong to?
8	Who is representing you for this application? (Please leave blank if not represented)	Name
		Organisation  Address
		Telephone Number
		Has your representative filled this form in on your behalf?
		Yes No No
		Name
		Organisation
		Address

		Telephone Number			
		Has your representative filled this form in on your behalf?			
		Yes No No			
9	Bail accommodation is normally provided in the form of a shared room with communal kitchen, bathroom and living spaces. If there are any medical or other reasons why this is inappropriate for you please describe them here				
I can confirm that I have included all the necessary information to support this application.					
Re	ur signature / presentatives nature:				
Name (please print):					
Date:		/ / (day/month/year)			
Please return the completed form to the Home Office by one of the following methods:					

Post:

Home Office (UKVI) Section 4 Bail Team 14<sup>th</sup> Floor (Short Corridor), Lunar House, 40 Wellesley Road

Croydon CR9 2BY

0870 336 9368 Fax: