

Applicant Name  
UK Address  
Town/City  
Postcode

DATE

**To Whom It May Concern**

**UAN: 1212 - 0000 - 1234 - 5678**

I, Applicant Name (DOB: dd/mm/yyyy – Passport No. XXXXXXXXXXXX), have submitted an application to extend my permission to stay under Student visa/a valid Student visa . The following applicant(s) has/have applied as my dependant(s):

- **Partner/Spouse** – Full Name (DOB: dd/mm/yyyy – Passport No. XXXXXXXXXXXX)
- **Son** – Full Name (DOB: dd/mm/yyyy – Passport No. XXXXXXXXXXXX)
- **Daughter** – Full Name (DOB: dd/mm/yyyy – Passport No. XXXXXXXXXXXX)

\*PLEASE ADD MORE CHILDREN HERE IF APPLICABLE\*

I hereby confirm that:

- my relationship with the included applicants, as detailed above, is correct and accurate
- all of them are my dependant(s) in the United Kingdom, and we all are living together at the same address OR all of my dependants will be living with me at the above address after they enter the United Kingdom.
- my partner/spouse, Full name, and I are the responsible parent(s)/legal guardian(s) for our children, Full name (Child) and Full name (Child), included in my/this application
- our children have our consent for the application

Please let me know in case any further information is required.

Your faithfully,

(Sign here)

Applicant Name

(Sign here)

Partner/Spouse Full Name

