



CANCELLATION

BLS ref. MAN _____

PASSPORT N° _____

DATE _____

APPLICATION DATE _____

NAME _____

SURNAME _____

DATE OF BIRTH _____

REASON FOR CANCELLATION:

You are informed of the completion of the procedure and its filing, pursuant to art. 94 of Law 39/2015, of October 1, of the Common Administrative Procedure of Public Administrations, since you have personally and in writing expressed your desire to cancel said request.

This resolution brings the administrative process to an end, and no appeal may be filed against it.

Mánchester, _____ 2026.

Signature