

To be filled out by the authority

Case number	Signature
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## Means of support in connection with visiting Sweden

Annex to the application for a permit for an on-going visit via the e-service from Sweden

This form is to be used by a person or organisation who is guaranteeing the means of support for a person applying via the e-service for a permit for an on-going visit in Sweden. You must use this form if the total length of the visit will then become longer than 90 days.

You can find this form and more information at [www.migrationsverket.se](http://www.migrationsverket.se). Please complete the form on your computer, as this makes it easier for us to process the case. Remember that if you are guaranteeing the means of support, you must sign the form before your relative, friend or partner use it as an annex in the e-service. You must also append a copy of your national passport or ID card.

### 1. Information about the person applying for a visitor's permit in Sweden

Surname (family name) Last Name (person applying)	First name First names (person applying)
Date of birth/Personal ID No. (YYYYMMDD-NNNN) Social security number (person applying)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Citizenship Write in you current citizenship (person applying)	E-mail address Your email address (person applying)
Address Write your full adress (person applying)	Postal code and place postal code and city (person applying)

### 2. The person or organisation that is providing the means of support during the visit in Sweden

Surname Last Name (person inviting)	First name First names (person inviting)
Citizenship Write in you current citizenship (person inviting)	Date of birth/Personal ID No. (YYYYMMDD-NNNN) Write in you current citizenship (person inviting)
Employer Company you are working for (Person inviting)	Monthly salary before tax (Person inviting)
Company or organisation If self employed or if an organisation is inviting	Registration number Company registration number(org-number)
Address Adress (inviting)	Postal code and place Postal code and city (inviting)
E-mail address Emailadress (inviting)	Daytime telephone number Phone number (Inviting)

### 3. Signature of the person or organisation that is providing the means of support during the visit

I attest that I can support the applicant during the period to which the application pertains.	
CITY AND DATE	
Place and date	Signature
ONLY IF AN ORGANISATION IS INVITING	STATE YOUR FULL NAME (INVITING)
Position in the organisation	Print name