


 Inkom utlandsmyndighet
 År, månad, dag

Application by co-applicants to employees/visiting researchers/ athletes/au pair/self-employed persons (CB) for:

☐ Visa for visitors

Dossiernummer

Sign

☐ Residence permit

☐ Work permit

Ärendenummer

Information about the requirements to receive a permit will be found on the Migration Board Web Site www.migrationsverket.se
 A special form must be used when applying for residence permit under the EEA Agreement.

1 Co-applicant/Relative to

Please write clearly

Name, date of birth, citizenship, dossier number - if any

Who is

☐ Employee

 ☐ Visiting researcher

 ☐ Athlete

 ☐ Au pair

 ☐ Self-employed person

2 Period to which the application refers

☐ Temporary stay, dates (inclusive)

 ☐ Permanent settlement

☐ Prolongation of temporary stay, dates (inclusive)

Date of entry into the Schengen states	Number of entries (1, 2 or multiple)	Duration of stay (number of days if your visit is 3 months or less)
Main destination in the Schengen states		Border of entry into the Schengen states
Date of exit from the Schengen states		

3 Personal particulars

Surname		Citizenship
Surname at birth		Citizenship at birth
Given names (in full)		
Date of birth (year, mth, day, ID digits - if any)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Military service <input type="checkbox"/> No <input type="checkbox"/> Yes, year
Place of birth	Country of birth	Mother tongue
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed		Other languages



133012

4 Passport etc.

<input type="checkbox"/> National passport	<input type="checkbox"/> Other passport	<input type="checkbox"/> Copy of passport attached	Passport no.	<input type="checkbox"/> No passport
Entered in another persons passport <input type="checkbox"/> No <input type="checkbox"/> Yes			Name of passport holder	
Issued by			Date	Expiry date
Restricted right to return to the country of domicile? <input type="checkbox"/> No <input type="checkbox"/> Yes, country:			Dates (inclusive)	
Permission to reside in another country? <input type="checkbox"/> No <input type="checkbox"/> Yes, country:			Dates (inclusive)	

5 Current home address

c/o	Street & no.	Tel. (private)
Post code & district/town	Country	Tel. (daytime)

6 Permanent address

c/o	Street & no.
Post code & district/town	Country

7 Previous visits in Sweden

<input type="checkbox"/> No <input type="checkbox"/> Yes, year:	Last date of entry
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8 Previous visits in the Schengen states

1. From - until and countries	2. From - until and countries
3. From - until and countries	4. From - until and countries

9 Further particulars

10 Please send notice of decision to

Diplomatic mission/Local office of the Swedish Migration Board
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11 Signature

I am applying for a Swedish residence permit. I solemnly confirm that the information I have supplied in the application papers is correct.	
_____	_____
Place and date	Signature (for minors, signature of the custodian/guardian)



Questionnaire

1 How will you support yourself during your stay in Sweden?

2 What plans do you and your family have for the future, after your stay in Sweden has ended?

State here whether you plan to return to your country of origin or to some other country after your stay in Sweden. You must also state how you and your family will be keeping in touch with your country of origin while you are staying in Sweden.

If you are applying for an *extension* of your permit, give an account of the contacts you and your family have had with your country of origin during your stay in Sweden. If you have visited your country of origin, please write the dates of the visits.

Documents to be attached to this application

☐ Copy of passport, showing your identity and citizenship and the passport expiry date.

Please put your receipt here

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