



## Application for family members of your employee via recognised sponsor

### 1 Who can submit this application?

- You can only use this form if you have been recognised as sponsor by the IND or are the authorised representative of the recognised sponsor.
- You use this form for the family members of your employee who you bring/brought to the Netherlands. If the family members and your employee enter the Netherlands simultaneously, you should submit all applications to the IND simultaneously.
- The employee is the sponsor for his or her family members. The rights and obligations of the sponsor lie with the employee with whom the family members will reside. The employee must therefore record the evidence and inform the IND in case of any changes. For more information, the employee can read the brochure 'Family members and relatives'. If the family members and the employee enter the Netherlands simultaneously, you must also pay the fees for these family members via a direct debit collection.
- Here, you have to state the applicable procedure. It should concern the same procedure as the procedure you ticked in the form for your employee.

> Please tick the applicable situation

It concerns an application for the following procedure:

- ☐ Procedure for Entry and Residence: the family member of your employee still lives abroad and is obliged to apply for a regular provisional residence permit;
- ☐ Procedure for a regular residence permit: the family member of your employee is not obliged to apply for a regular provisional residence permit and resides in the Netherlands or still abroad;
- ☐ Extension of the validity of the residence permit; or
- ☐ Changing the residence permit (together with extending the validity of the residence permit): the family member of your employee already has a residence permit and wants to change his residence permit into another purpose of residence.

### 2 Details of the recognised sponsor

2.1	Name of company, organisation or educational institution	<input type="text"/>
2.2	Name of contact person	<input type="text"/>
2.3	Telephone number	<input type="text"/>
2.4	E-mail	<input type="text"/>
2.5	Chamber of Commerce number	<input type="text"/>

### 3 Details of the authorised representative (if applicable)

3.1	Company name	<input type="text"/>
3.2	Name of contact person	<input type="text"/>
3.3	Telephone number	<input type="text"/>
3.4	E-mail	<input type="text"/>

## 4 Details of your employee (the principal person)

4.1	V-number (if known)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
4.2	Citizen Service Number (if known)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> Surname as stated in the border-crossing document
4.3	Name	<div></div> First names <div></div> > Please tick the applicable situation
4.4	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female

## 5 Details of the spouse/(registered) partner

5.1	V-number (if known)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
5.2	Citizen Service Number (if known)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> Surname as stated in the border-crossing document
5.3	Name	<div></div> First names <div></div> > Please tick the applicable situation
5.4	Sex and Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female <div>Day<div></div><div></div>Month<div></div><div></div>Year<div></div><div></div><div></div><div></div><div></div><div></div></div>
5.5	Place of birth	<div></div>
5.6	Country of birth	<div></div>
5.7	Nationality	<div></div> > Please tick the applicable situation
5.8	Civil status	<input type="checkbox"/> unmarried <input type="checkbox"/> married <input type="checkbox"/> registered partnership <input type="checkbox"/> divorced <input type="checkbox"/> widow/widower

### 6.1 Details of minor child 1

6.1	V-number (if known)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
6.2	Citizen Service Number (if known)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> Surname as stated in the border-crossing document
6.3	Name	<div></div> First names <div></div> > Please tick the applicable situation
6.4	Sex and Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female <div>Day<div></div><div></div>Month<div></div><div></div>Year<div></div><div></div><div></div><div></div><div></div><div></div></div>
6.5	Place of birth	<div></div>
6.6	Country of birth	<div></div>
6.7	Nationality	<div></div> > Please tick the applicable situation
6.8	Civil status	<input type="checkbox"/> unmarried <input type="checkbox"/> married <input type="checkbox"/> registered partnership <input type="checkbox"/> divorced <input type="checkbox"/> widow/widower

# Application

for family members of your employee via recognised sponsor  
Immigration and Naturalisation Service  
Ministry of Security and Justice

## 6.2 Details of minor child 2

6.9	V-number (if known)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
6.10	Citizen Service Number (if known)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
6.11	Name	Surname as stated in the border-crossing document <div></div> First names <div></div>
6.12	Sex and Date of birth	<div>&gt; Please tick the applicable situation</div> <div> <input type="checkbox"/> Male           <input type="checkbox"/> Female         </div> <div> <div>Day</div><div>Month</div><div>Year</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> </div>
6.13	Place of birth	<div></div>
6.14	Country of birth	<div></div>
6.15	Nationality	<div></div>
6.16	Civil status	<div>&gt; Please tick the applicable situation</div> <div> <input type="checkbox"/> unmarried           <input type="checkbox"/> married           <input type="checkbox"/> registered partnership           <input type="checkbox"/> divorced           <input type="checkbox"/> widow/widower         </div>

## 6.3 Details of minor child 3

6.17	V-number (if known)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
6.18	Citizen Service Number (if known)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
6.19	Name	Surname as stated in the border-crossing document <div></div> First names <div></div>
6.20	Sex and Date of birth	<div>&gt; Please tick the applicable situation</div> <div> <input type="checkbox"/> Male           <input type="checkbox"/> Female         </div> <div> <div>Day</div><div>Month</div><div>Year</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> </div>
6.21	Place of birth	<div></div>
6.22	Country of birth	<div></div>
6.23	Nationality	<div></div>
6.24	Civil status	<div>&gt; Please tick the applicable situation</div> <div> <input type="checkbox"/> unmarried           <input type="checkbox"/> married           <input type="checkbox"/> registered partnership           <input type="checkbox"/> divorced           <input type="checkbox"/> widow/widower         </div>

## 7 Statement on conditions

> Please tick

I state the following:

- The principal person has lasting and sufficient means of support. ☐ Yes ☐ No
- The family member(s) over 12 years of age has/have signed the antecedents certificate. ☐ Yes ☐ No  

> Please enclose the antecedents certificate with the application.
- The family member(s) intend(s) to undergo a TB test (if mandatory) within 3 months after having arrived in the Netherlands (only applicable in case of first admission). ☐ Yes ☐ No
- The family member(s) has/have his/their principal residence in the Netherlands or will establish the principal residence in the Netherlands ☐ Yes ☐ No

## 8 Entry date (if applicable)

8.1 The expected entry date of the family member(s)

Day	Month	Year

*This date will be the start date of the residence permit*

## 9 Place of collection of regular provisional residence permit

(only if the family member(s) enters with a regular provisional residence permit)

Dutch embassy or consulate in the country of origin (or country of continuous residence).  
If no Dutch embassy or consulate is available, then you need to collect the regular provisional residence permit in the nearest country where a Dutch embassy or consulate is available.

9.1 Place

9.2 Country

## 10 Evidence to be enclosed

> Please tick the applicable situation

☐ **In case of a marriage/registered partnership (320)**

Please enclose a copy of the legalised marriage certificate or certificate of registered partnership.

☐ **In case of a partner (322)**

Please enclose a copy of the legalised unmarried status declaration of the partner and the principal person. The unmarried status declaration must come from the country of origin. If the principal person has Dutch nationality or a permanent residence permit, the principal person need not enclose any unmarried status declaration.

☐ **In case of a minor child (326)**

Please enclose the following means of evidence with your application:

- A copy of a legalised birth certificate or, if the birth certificate does not show the family relationship between the principal person and the children, other copies of legalised documents about this family relationship, for example any adoption documents.
- A copy of legalised documents showing the legal authority of the principal person, spouse or partner over the minor child.

If the child is 15 years of age or older, please also enclose:

- A 'Declaration of civil status' appendix, completed and signed by the child.

## 11 Location where the residence permit is collected

Please indicate below the IND Desk where the employee will collect the residence permit

> Please tick the applicable situation

- |                                    |                                    |                                    |   |
|------------------------------------|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Zwolle    | <input type="checkbox"/> Utrecht   | <input type="checkbox"/> Rijswijk  | <input type="checkbox"/> 's-Hertogenbosch |
| <input type="checkbox"/> Rotterdam | <input type="checkbox"/> Eindhoven | <input type="checkbox"/> Amsterdam | <input type="checkbox"/> Hoofddorp        |

Or if you want to have the residence permit collected at an Expatcenter (NB. You must make an appointment for this, and an extension of a residence permit cannot be collected at the Expatcenter)

- |                                    |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Rotterdam | <input type="checkbox"/> Eindhoven | <input type="checkbox"/> Amsterdam | <input type="checkbox"/> The Hague |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|

## 12 Signing by the recognised sponsor

12.1 Name

12.2 Place and date

Place	Day	Month	Year

12.3 Signature (by a person authorised for this purpose)

# Application

for family members of your employee via recognised sponsor  
Immigration and Naturalisation Service  
*Ministry of Security and Justice*

## 13 Means of evidence and documents

Please enclose the following documents with this form:

- A copy of the passport of the family member(s) (only the identity details and stamped pages).
- The completed appendix antecedents certificate
- The completed appendix Authorisation and sponsorship declaration by the principal person.
- The completed appendix direct debit collection

## 14 Biometric information (fingerprints, passport photo) and signature

The family member(s) of the employee must have his/her/their fingerprints and facial image (passport photo) taken to determine their identity. The biometric information is also required to create a residence permit. For the residence permit the IND also needs a signature. See the appendix Fingerprints, passport photo and signature.

NB. Fingerprints are not taken from children younger than the age of 6. They do need to have their passport photo taken.

## 15 Submitting the application and payment

You have collected, copied and enclosed all the means of evidence necessary for the application. Proceed to the appendix: "Submitting and paying for the application (by the sponsor)".





This certificate only needs to be completed if  
the foreign national is 12 years of age or older.

## Appendix Antecedents Certificate

### 1 Certificate

> Please tick the applicable situation

- ☐ I certify that:
- I have never been sentenced to imprisonment or a custodial measure for committing a crime;
  - I have never been sentenced to perform community service for committing a crime;
  - I have never been imposed an unconditional fine for committing a crime;
  - I have never accepted an out-of-court settlement for committing a crime;
  - I have never been imposed a penalty order by a public prosecutor for committing a crime;
  - I am currently not subject to prosecution for committing a crime;
  - I have never been responsible for one of the following categories of acts as referred to in Article 1 F of the 1951 Refugee Convention: a crime against peace, a war crime, a crime against humanity, a serious non-political crime (for example murder or terrorism), or acts contrary to the purposes and principles of the United Nations (for example terrorist acts); and
  - I am aware of the fact that a sentence for committing a crime may result in a refusal or termination of the right of residence.
  - I have not submitted any incorrect data during earlier residence procedures;
  - I did not reside in the Netherlands illegally in the past;
  - I am not subject to any entry ban.

- ☐ I am unable to certify the above for the following reasons:

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### 2 Signing (by the foreign national)

I have completed this form truthfully.

2.1 Name

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2.2 Place and date

Place	Day	Month	Year
<hr/>	<hr/>	<hr/>	<hr/>

2.3 Signature

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#### Please note!

If this antecedents certificate has not been completed truthfully, this will have consequences for your right of residence.







**Do not enclose this appendix with the form!**

## Appendix

### Fingerprints, passport photo and signature

In order to be able to make a residence document, the Immigration and Naturalisation Service (IND) need the fingerprints, passport photo and signature of the foreign national. How can the foreign national submit these?

#### **This can be done while still abroad, by means of the Entry and Residence procedure**

- The sponsor (in the Netherlands) will have submitted the application for Regular Provisional Residence Permit for the foreign national (who is still abroad).
  - If a positive decision is given, then the foreign national can collect the Regular Provisional Residence Permit from the Dutch Embassy or Consulate in his/her country of origin or long-term residence. When collecting the Regular Provisional Residence Permit, the foreign national must take a new (and not previously used) passport photo with him/her. This passport photo must comply with the requirements which also apply for Dutch passports. The Embassy can inform the foreign national where he/she is able to have passport photos made locally, which comply with the relevant requirements. A photo that does not comply with the requirements will cause unnecessary delay.
  - The employee at the Dutch Embassy or the Consulate will take fingerprints and the foreign national will also be required to sign the document.
- The foreign national has submitted the Regular Provisional Residence Permit to the Dutch Embassy or the Consulate in the country of origin or long-term residence.
  - When submitting the application, the foreign national must take a new (and not previously used) passport photo with him/her. The employee at the Dutch Embassy or the Consulate will also take the fingerprints and the foreign national will be required to sign the document.

#### **When abroad, application for temporary Regular Residence Permit for persons who do not require a Regular Provisional Residence Permit**

- If an application is submitted in the Netherlands by a (recognised) sponsor for a foreign national who does not require a Regular Provisional Residence Permit, then the foreign national must go to an Immigration and Naturalisation Service (IND) counter immediately after arrival in the Netherlands. The Immigration and Naturalisation Service (IND) employee will make fingerprints and a passport photo and the foreign national will be required to sign the document. No appointment needs to be made for this. The addresses and opening hours of the Immigration and Naturalisation Service (IND) counters can be found on the website [www.ind.nl](http://www.ind.nl)

#### **Applying for a residence permit in the Netherlands**

During applications made in the Netherlands (first application, application to change the purpose of residence, application to extend the period of validity, application for a permanent residence permit, replacement or renewal) fingerprints and passport photos will be taken at the Immigration and Naturalisation Service (IND) counter. The foreign national will also be required to sign the document. The following rules apply hereby:

- The foreign national submits the application in writing (and sends the application by post to the Immigration and Naturalisation Service (IND)). The foreign national must then go to the Immigration and Naturalisation Service (IND) counter within 2 weeks in order to have his/her fingerprints and passport photo taken. No appointment is necessary for this purpose. The addresses and opening hours of the Immigration and Naturalisation Service (IND) counters can be found on the website [www.ind.nl](http://www.ind.nl).
- The foreign national must submit the application immediately at the counter. A passport photo and the fingerprints will be taken at the counter. The foreign national will also be required to sign the document. Submitting an application to an Immigration and Naturalisation Service (IND) counter is by appointment only. Information about making appointments can be found on the website [www.ind.nl](http://www.ind.nl).





Only complete this certificate if you apply for a residence permit  
for residence as a child aged 15 or older with his/her parent.

## Appendix

### Certificate of non-impediment

#### 1 Details of foreign national

1.1	Name	Surname as stated in the border-crossing document	
		<input type="text"/>	
		First names	
		<input type="text"/>	
		> Please tick the applicable situation	
1.2	Sex and Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.3	Place of birth	<input type="text"/>	
1.4	Country of birth	<input type="text"/>	
1.5	Nationality	<input type="text"/>	
1.6	Home address	Street	Number
		<input type="text"/>	<input type="text"/>
		Postcode	Town
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
		> Please tick the applicable situation	
1.7	Civil status	<input type="checkbox"/> unmarried <input type="checkbox"/> married <input type="checkbox"/> registered partnership <input type="checkbox"/> divorced <input type="checkbox"/> widow/widower	
1.8	Details border-crossing document	Number	Country
		<input type="text"/>	<input type="text"/>
		Valid from (date)	to (date)
		<input type="text"/>	<input type="text"/>

#### 2 Declaration

> Please tick the applicable situation(s)

I declare:

☐ that I am not married and have never been married or have never entered into a registered partnership.

☐ after the dissolution of my marriage to my former spouse I did not remarry (did not enter into a registered partnership)

Name of former spouse

☐ after the dissolution of my registered partnership with my former registered partner I did not remarry (did not enter into a registered partnership)

Name of former registered partner

☐ do not have the care of any children

### 3 Signing

I have completed this form truthfully.

3.1

Name

3.2

Place and date

Place

Day

Month

Year

3.3

Signature

**Please note!**  
I am aware of the fact that if this certificate is not based on the truth, this may have consequences for the right of residence.



## Appendix Employer's declaration

One copy must be completed and signed for each employer.  
The application form states when and of which person(s) you must  
enclose the employer's declaration with your application.

*Please note! The IND may check the correctness of your enclosed wage, work and  
benefit details with another government agency (for example the Netherlands  
Employees Insurance Agency or the Tax and Customs Administration).*

### 1 Details of employee

1.1	Citizen service number	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
		Surname as stated in the border-crossing document
1.2	Name	<div></div> <div>First names</div> <div></div>
		> Please tick the applicable situation
1.3	Sex and Date of birth	<div><input type="checkbox"/> Male <input type="checkbox"/> Female</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>DayMonthYear</div>
1.4	Place of birth	<div></div>
1.5	Country of birth	<div></div>
1.6	Nationality	<div></div>
1.7	Home address	<div><div></div><div>Street</div><div></div><div>Number</div></div> <div><div></div><div>Postcode</div><div></div><div>Town</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>

### 2 Details of company/institution

2.1	Name company/institution	<div></div>
2.2	Withholding tax number	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
		<div><div></div><div>Street</div><div></div><div>Number</div></div>
2.3	Visiting address	<div><div></div><div>Postcode</div><div></div><div>Town</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>

### 3 Employment details

3.1	Position of employee	<div></div>	
3.2	Date of employment	<div>Day Month Year</div> <div></div>	
> Please tick the applicable situation			
3.3	Nature of the employment	<input type="checkbox"/> Fixed employment <input type="checkbox"/> On-call contract <input type="checkbox"/> Ongoing temporary work	
> Please tick the applicable situation			
3.4	Employment period	<input type="checkbox"/> Indefinite period <input type="checkbox"/> Definite employment > Enter the period (from (date), to (date) below	
<div>Day Month Year Day Month Year</div> <div></div>			
> Please tick the applicable situation			
3.5	Is there a provision for continued payment of wage during the term of the contract if there is no work?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.6	Is there a trial period?	<input type="checkbox"/> No <input type="checkbox"/> Yes, until <div>Day Month Year</div> <div></div>	
3.7	Working hours per week	<div>Hours per week by contract    Hours per week actually</div> <div></div>	
3.8	Gross salary (excluding holiday allowance)	<input type="checkbox"/> Per month, or <input type="checkbox"/> Per 4 weeks    € <div>All amounts rounded to the nearest full euro</div> <div></div>	
3.9	Wage for social security purposes (excluding holiday allowance)	<input type="checkbox"/> Per month, or <input type="checkbox"/> Per 4 weeks    € <div>All amounts rounded to the nearest full euro</div> <div></div>	
3.10	Net salary (excluding holiday allowance)	<input type="checkbox"/> Per month, or <input type="checkbox"/> Per 4 weeks    € <div>All amounts rounded to the nearest full euro</div> <div></div>	
3.11	Holiday allowance	<div></div> %	
> You only have to complete 3.12 for the pilot Knowledge Industry			
3.12	Period of residence in the Netherlands (maximum of 1 or 2 years)	<div>Day Month Year</div> <div>From    (= date of entry )</div> <div>Day Month Year</div> <div>To   </div>	

### 4 Signing by employer

I declare that the above employee is employed by the above company/institution.  
I have completed this form truthfully.

4.1	Name	<div></div>	
4.2	Position	<div></div>	
4.3	Telephone number	<div></div>	
4.4	Place and date	<div>Place Day Month Year</div> <div></div>	
		Signature	Stamp
4.5	Signature and stamp of company/institution	<div></div>	



Do not enclose this appendix with the form!

## Appendix Proof of income

This list shows the proof of income the IND needs in order to assess the application. The application form shows the person(s) of whom you must enclose proof of income with your application. This usually concerns you (the sponsor) and your (registered) partner. The proof of income must be enclosed as a copy.

*Please note! The IND may check the correctness of your enclosed wage, work and benefit details with another government agency (for example the Netherlands Employees Insurance Agency or the Tax and Customs Administration).*

**If you or your (registered) partner has an employment contract that is valid for at least 1 year at the time of the application; or  
If you (the foreign national) will work as an employee (in the context of an EU action programme or an International Agreement to which the Netherlands is party)**

- Your current employment contract(s)
- The completed and signed Appendix/Appendices employer's declaration (not older than 3 months)
- Payslips over the past 3 months

*Only if you regularly earn more money than evidenced by your employment contract (for example due to overtime)*

- Payslips over the past 12 months

*If you are paid by a third party from a Personal Budget*

- Evidence of the complete outsourcing of the salary administration to the Social Insurance Bank (SVB)

**If you or your (registered) partner has an employment contract that is valid for less than 1 year at the time of the application**

- Your current employment contract(s), showing that you have work
- The completed and signed Appendix/Appendices employer's declaration (not older than 3 months)
- Over the past 3 years:
  - all salary slips; and
  - all annual income statements; and
  - all (temporary) employment contract(s); and
  - confirmation(s) of benefits awarded and specification(s) of benefits received

**If you or your (registered) partner work as a temporary agency worker or under an on-call contract, seasonal work contract, zero hours contract or other contract with a deferred duty of performance**

- Your current (temporary) employment contract(s), showing that you have work
- The completed and signed Appendix/Appendices employer's declaration (not older than 3 months)
- Over the past 3 years:
  - all salary slips; and
  - all annual income statements; and
  - all (temporary) employment contract(s); and
  - confirmation(s) of benefits awarded and specification(s) of benefits received

**If you or your partner are a scientific researcher pursuant to Directive 2005/71/EC, it concerns the following proof**

- if you receive sponsor funds: a sponsor agreement showing the amount of the sponsor funds and the duration of the sponsor agreement; or
- if you receive periodic payments in order to pay for the stay in the Netherlands: a proof of these payments; or
- if you receive a grant or stipend: proof showing the amount and the start and end date of the grant or stipend; or
- if you have paid work abroad: a copy of an employment contract with the current employer abroad; or
- if you become employed by the research institution: a copy of the employment contract that must be signed by both you and the research institution.

**If you or your (registered) partner have a (supplementary) benefit**

*Do you or your (registered) partner have a (supplementary) benefit (for example, an unemployment benefit, sickness benefit, old-age pension, surviving dependants' benefit or a benefit under the Disability (Reintegration) Act)*

- The letter from your benefits agency granting your benefit
- The most recent specification of benefits received

*Do you or your (registered) partner have an invalidity benefit, a benefit under the Invalidity Insurance (Self-Employed Persons) Act or a benefit under the Work and Employment Support (Young Disabled Persons) Act*

- The confirmation of benefits awarded showing that you are incapacitated for work (and the degree of incapacity for work)
  - The most recent specification of benefits received (of at least one year after the confirmation of benefits awarded)
  - A letter from the benefits agency stating the date of re-examination
- Do you or your (registered) partner have an occupational disability benefit under the Work and Income (Capacity for Work) Act or the Work and Employment Support (Young Disabled Persons) Act*
- The confirmation of benefits awarded showing that you are incapacitated for work (and the degree of incapacity for work);
  - The most recent specification of benefits received
  - The most recent reassessment

*Are you or your (registered) partner permanently incapacitated for work and do not receive an invalidity benefit, benefit under the Work and Income (Capacity for Work) Act, a benefit under the Invalidity Insurance (Self-Employed Persons) Act or a benefit under the Work and Employment Support (Young Disabled Persons) Act. Please note! This does not apply if you submitted an application for a permanent residence permit.*

- A statement from the Municipal Health Service, company doctor or medical examiner, showing that you are fully incapacitated for work, for how long you have been incapacitated for work and the expected duration of the incapacity for work

*Do you or your (registered) partner receive social assistance, and is it permanently impossible for you or your partner to work again. Please note! This does not apply if you submitted an application for a permanent residence permit.*

- All confirmations of benefits awarded over the past 5 years and any correspondence with the Municipal Executive about the exemption of you and your (registered) partner from all obligations involving workforce integration and proof showing that integration into the workforce within a year cannot be expected.

**If you or your (registered) partner are self-employed**

- The Appendix declaration of income of self-employed person with the requested appendices, completed and signed by you and (for example) a registered accountant, accountant, accounting consultant, a tax consultant from the Tax Consultants Federation, a tax consultant from the Tax Consultants Association or an accountant with a BECON number from the Tax and Customs Administration
- A recent (not older than 3 months) original extract from the registration with the Chamber of Commerce pertaining to the company/business

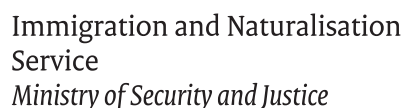
**You or your (registered) partner are director-major shareholder of a company**

- The official documents showing your interest in the company (ownership percentage);
- A copy of your employment contract (or contracts if you have several jobs);
- An original and completed Appendix employer's declaration, bearing a date, signature of the employer and company stamp (not older than 3 months);
- Details over the three months preceding the date of your application, showing that a monthly salary was paid (payslips, bank statements);
- Proof that the withheld wage tax was transferred by the company to the Tax and Customs Administration (bank statements).

**You or your (registered) partner have an income from own funds**

- A tax statement of the year preceding this application for residence permit.





Have this declaration completed and signed only by an accountant if you apply for a residence permit and you or your sponsor earn an income as a self-employer person. Please enclose the completed and signed declaration with your application. *Please note! The IND may check the contents of this declaration with another government agency (the Netherlands Employee Insurance Agency or the Tax and Customs Administration, for example).*

Have this declaration completed and signed only by an accountant if you apply for a residence permit and you or your sponsor earn an income as a self-employer person. Please enclose the completed and signed declaration with your application. *Please note! The IND may check the contents of this declaration with another government agency (the Netherlands Employee Insurance Agency or the Tax and Customs Administration, for example).*

1.1	Name accountant	<div></div>					
1.2	Professional title ➤ Please tick the applicable situation	<input type="checkbox"/> Advisor from the Netherlands Association of Accounting and Tax Experts (Accounting+Tax Expert)					
		<input type="checkbox"/> Tax consultant from the Tax Consultants Association	<input type="checkbox"/> Registered accountant				
		<input type="checkbox"/> Tax consultant from the Tax Consultants Federation	<input type="checkbox"/> Accounting consultant	<input type="checkbox"/> Other, namely:			
<div></div>							
1.3	BECON number of Tax and Customs Administration and telephone number accountant	BECON number		Telephone number			
		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
		Street				Number	
1.4	Visiting address	<div></div>					
		Postcode		Town			
		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

[illegible]

**Explanation** A company's profits for the closed financial year or the current financial year are calculated by deducting the total operating expenses from the total operating income. The income and the expenses must be calculated according to generally accepted commercial standards. With respect to this, the following is noted. If there is no closed financial year, the calculation of the monthly profits

must be based on permanence. This means that both the operating income and the operating expenses must be attributable to the relevant period. If the company has the form of a private partnership, general partnership or limited partnership, the profits will then be divided among the partners or associates.

### 3 Income from business activities

<b>Current financial year, immediately preceding the time at which the application was submitted</b>		Day	Month	Year	Day	Month	Year
3.1	The data included at 3.2 and 3.3 relate to the period (from/to)						
3.2	Profits or share in the profits from business activities €						
	over the above period (see explanation)						
3.3	Annual income mentioned at 3.2 gross profits divided by the number of months stated €						
<b>Most recently closed financial year, immediately preceding the time at which the application was submitted</b>							
		Day	Month	Year	Day	Month	Year
3.4	Financial year (from/to)						
3.5	Profits or share in the profits from business activities in accordance with the financial statements (see explanation) €						
3.6	Amount stated at 3.5, divided by the number of months in the most recently closed financial year €						
3.7	Corrections of the above (share in the) profits from business activities for taxable profit* €						
3.8	Taxable profit* €						
3.9	Status of processing of tax return by the Tax and Customs Administration > Please tick one situation and only enclose the relevant document	<input type="checkbox"/> Receipt of tax return received by the Tax and Customs Administration > Please enclose IB-6o for a one-man business <input type="checkbox"/> Provisional assessment      > Please enclose provisional assessment <input type="checkbox"/> Final assessment              > Please enclose final assessment					
3.10	If the Tax and Customs Administration has already imposed an assessment, is this assessment based on the stated profits from business activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No      > Please enclose an explanation in a separate appendix					
<b>Next-to-last closed financial year</b>							
		Day	Month	Year	Day	Month	Year
3.11	Financial year (from/to)						
3.12	Profits or share in the profits from business activities in accordance with the financial statements (see explanation) €						
3.13	Amount stated at 3.12, divided by the number of months in the most recently closed financial year €						
3.14	Corrections of the above (share in the) profits from business activities for taxable profit* €						
3.15	Taxable profit* €						
3.16	Status of processing of tax return by the Tax and Customs Administration > Please tick one situation and only enclose the relevant document	<input type="checkbox"/> Receipt of tax return received by the Tax and Customs Administration > Please enclose IB-6o for a one-man business <input type="checkbox"/> Provisional assessment      > Please enclose provisional assessment <input type="checkbox"/> Final assessment              > Please enclose final assessment					
3.17	If the Tax and Customs Administration has already imposed an assessment, is this assessment based on the stated profits from business activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No      > Please enclose an explanation in a separate appendix					

(\*only for any inspection by the IND)

### 4 Signing

The undersigned, accountant, hereby declares truthfully that, the self-employed person has earned an income from business activities in accordance with the completed details.

4.1	Place and date	Place	Day	Month	Year
4.2	Signature	Signature of accountant		Signature of self-employed person	



Please complete this statement for your educational institution.  
Your educational institution will record this statement.

## Appendix

### Foreign national's own statement: income within the context of a study

#### 1 Details of foreign national

1.1	V-number (if known)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
		Surname as stated in the border-crossing document
1.2	Name	<div></div>
		First names
		<div></div>
		> Please tick the applicable situation
1.3	Sex and Date of birth	<div><div><input type="checkbox"/> Male <input type="checkbox"/> Female</div><div>Day<div><div></div><div></div></div>Month<div><div></div><div></div></div>Year<div><div></div><div></div><div></div><div></div></div></div></div>
		Street <div></div> Number <div></div>
1.4	Home address	<div></div>
		Postcode <div></div> Town <div></div>
		<div></div>
		The undersigned hereby states that he/she has sufficient means of support for the study year:
1.5	Date	<div><div>2<div></div>0<div></div></div>tot<div><div>2<div></div>0<div></div></div></div></div>
		> Please tick the applicable situation
1.6	I have an income through	<div><div><input type="checkbox"/> a grant <input type="checkbox"/> a monthly contribution <input type="checkbox"/> a sufficient amount in my bank account</div><div><input type="checkbox"/> other, namely:<div></div></div></div>

#### 2 Signing

		I have completed this form truthfully.
		Place
2.1	Place and date	<div>Day<div><div></div><div></div></div>Month<div><div></div><div></div></div>Year<div><div></div><div></div><div></div><div></div></div></div>
2.2	Signature	<div></div>





For the foreign national: Do you have more than two physicians/  
practitioners? In that case, you should copy this appendix and have  
the copied appendix completed as well.

## Appendix

### Medical information disclosure consent form

The physician/practitioner must be registered in the registers under  
the Individual Healthcare Professions Act (Wet op de Beroepen in de  
Individuele Gezondheidszorg or BIG) or the Dutch Association of  
Psychologists (Nederlands Instituut van Psychologen or NIP).

If the foreign national is under 12 years of age or incapable of performing  
legal acts, the legal representative must complete the consent form.  
If the foreign national is between the age of 12 and 16, the foreign  
national and his/her legal representative must complete the consent  
form. If the foreign national is over 16 years of age, the foreign national  
must complete the consent form.

#### 1 Details of foreign national

1.1	Name	Surname as stated in the border-crossing document											
		First names											
1.2	V-number (if known) and date of birth	V-number											
		Day Month Year											

#### 2 Signing

- The undersigned hereby declares that he/she does not object to the medical adviser from the Immigration and Naturalisation Service (IND) obtaining information about his/her health condition from the below physician(s)/practitioner(s) in connection with an investigation into the medical circumstances regarding his/her residence status in the Netherlands.
- The undersigned gives his/her consent to send a copy of this completed consent form to the physician(s)/practitioner(s) to be contacted.
- The undersigned gives his/her consent to the IND medical adviser to provide his/her medical data to any medical specialist to be engaged in any further examination.
- The undersigned authorises the below physician(s)/practitioner(s) registered in the registers under the Individual Healthcare Professions Act and/or the Dutch Association of Psychologists (physicians, dentists, physiotherapists, obstetricians, nurses, pharmacists, healthcare psychologists and psychotherapists) to provide information to the IND medical adviser and declares.

2.1	Name of foreign national												
2.2	Place and date	Place Day Month Year											
2.3	Name of legal representative												
2.4	Place and date	Place Day Month Year											
		Signature of foreign national						Signature of legal representative					
2.5	Signature												

### 3 Details of the physician/practitioner

> Please tick the applicable situation

3.1	Name of general practitioner/ COA physician/specialist 1	<input type="checkbox"/> General practitioner <input type="checkbox"/> COA physician <input type="checkbox"/> Specialist
<hr/>		
3.2	Name of hospital/practice/institution	<div style="display: flex; justify-content: space-between;"> <span>Street</span> <span>Number</span> </div>
<hr/>		
3.3	Visiting address	<div style="display: flex; justify-content: space-between;"> <span>Postcode</span> <span>Town</span> </div>
<hr/>		
3.4	Telephone number	<div style="display: flex; justify-content: space-between;"> <span></span> <span></span> </div>
<hr/>		
> Please tick the applicable situation		
3.5	Name of general practitioner/ COA physician/specialist 2	<input type="checkbox"/> General practitioner <input type="checkbox"/> COA physician <input type="checkbox"/> Specialist
<hr/>		
3.6	Name of hospital/practice/institution	<div style="display: flex; justify-content: space-between;"> <span>Street</span> <span>Number</span> </div>
<hr/>		
3.7	Visiting address	<div style="display: flex; justify-content: space-between;"> <span>Postcode</span> <span>Town</span> </div>
<hr/>		
3.8	Telephone number	<div style="display: flex; justify-content: space-between;"> <span></span> <span></span> </div>
<hr/>		

### 4 Referral of medical advice

The undersigned gives his/her consent to the IND medical advisor to provide the medical advice to:

- the IND official handling the application for a residence permit;
- the official from the Repatriation and Departure Service who is responsible for offering medical facilities before, during or after the removal.
- the involved legal experts from the State Advocate's office; and
- the statutory bodies entrusted with the administration of justice.

4.1	Name of foreign national	<hr/>
4.2	Place and date	<div style="display: flex; justify-content: space-between;"> <span>Place</span> <span>Day</span> <span>Month</span> <span>Year</span> </div>
<hr/>		
4.3	Name of legal representative	<hr/>
4.4	Place and date	<div style="display: flex; justify-content: space-between;"> <span>Place</span> <span>Day</span> <span>Month</span> <span>Year</span> </div>
<hr/>		
4.5	Signature	<div style="display: flex; justify-content: space-between;"> <span>Signature of foreign national</span> <span>Signature of legal representative</span> </div>
<hr/>		



Immigration and Naturalisation  
Service  
*Ministry of Security and Justice*

**Do not enclose this appendix with the form!**

## Appendix

### Submitting and paying for the application by the sponsor

Below, you can read how you can submit and pay for the application for a residence permit (without a regular provisional residence permit) or a change to the restriction on the residence permit.

Please note! If the foreign national relies on an exemption from the requirement to apply for a regular provisional residence permit you cannot send the application by post. In that case, the foreign national must always submit the application to the IND Desk in person. Please visit [www.ind.nl](http://www.ind.nl) for the ways you can contact the IND.

#### **Submitting the Entrance and Residence Procedure (TEV procedure), a residence permit without a regular provisional residence permit or a change to the restriction on the residence permit**

You send the application form, the appendices and the requested evidence to the IND by post. Never send any original evidence. You must send clearly readable and full copies of the original evidence. Do not use any staples or paperclips. Do not send any USB sticks, CDs, DVDs and suchlike. Put all evidence in a sufficiently stamped envelope. Send your application to the following address:

*Application for an economic purpose of residence (work, study, for example)*

**Immigratie- en Naturalisatiedienst  
Postbus 245  
7600 AE Almelo**

*Application for a social purpose of residence (family formation or family reunification, for example)*

**Immigratie- en Naturalisatiedienst  
Postbus 287  
7600 AG Almelo**

#### **How do you pay?**

An application is not free of charge. The costs depend on the purpose of the residence applied by you. After the IND has received your application, you will receive a letter stating the amount and the manner in which you have to pay (unless you use a direct debit collection) (*direct debit collection is not available for private persons, non-recognised sponsors and applications for recognition as sponsor*).

Here, you can find no information about the costs or any exemption from having to pay fees. Please visit [www.ind.nl](http://www.ind.nl) if you want to know the costs beforehand. If the assessment of your application shows that you do not qualify for the residence permit applied for, you will not receive a refund.

#### **What happens with your application?**

If you have submitted your application to the IND and paid the related costs, the IND will assess your application. If your application is incomplete, the IND will be unable to properly assess your application. If you fail to make a payment or timely payment or submit an incomplete application, the handling of your application will be delayed. You will be informed in writing once your application has been handled. If your application is granted, you will also receive a letter with information about the follow-up procedure.

#### **V-number**

A V-number is a unique number, which is used for identification of a foreign national by the IND and cooperating organisations (such as the Aliens Police). The number is listed in the correspondence which the foreign national or sponsor receives from the IND and other organisations and is also printed on the residence document itself.

#### **Personal Data Protection Act**

Under the Personal Data Protection Act, the IND is obliged to inform you that the IND is the organisation that processes the data of your request or application. The IND does so in order to handle your request or application. You can ask any questions about this data processing by sending a letter to the IND, Postbus 287, 7600 AG Almelo. You can also ask for an overview of the data processed about you. Following this request, you can ask for your personal details to be changed, deleted or protected.







This declaration must be completed by the foreign national who submits an application for his family members using a recognised sponsor. This application is submitted by the recognised sponsor.

## Appendix

### Authorisation and sponsorship declaration

#### 1 Details of foreign national

1.1	Name	Surname as stated in the border-crossing document									
		<input type="text"/>									
		First names									
		<input type="text"/>									
		> Please tick the applicable situation									
1.2	Sex and Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day	Month	Year						
1.3	Place of birth	<input type="text"/>									
1.4	Country of birth	<input type="text"/>									
	> Please tick and fill in	<input type="checkbox"/> I hereby authorise: Name of company, institution or educational institution									
		<input type="text"/>									
		to submit the application for a residence permit for my dependent family members.									
	> Please tick	<input type="checkbox"/> Declare that I present myself as sponsor as referred to in Article 2a of the Aliens Act for my family members for whom a residence permit is applied for through the intervention of my recognised sponsor.									

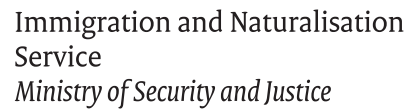
#### 2 Signing

2.1	Place and date	Place	Day	Month	Year						
		<input type="text"/>									
2.2	Signature	<input type="text"/>									

##### Please note!

I am aware of the fact that if this declaration is not based on the truth, this may have consequences for the right of residence.





(One time authorisation - SEPA)

Debit collection takes place per foreign national and per procedure.  
If assessment of the application shows that the foreign national does not  
qualify for the requested residence permit, you will not be reimbursed.  
See for current fees: [www.ind.nl/fees](http://www.ind.nl/fees)

## 4 Details of the foreign national

4.1	Name	Surname as stated in the border-crossing document	
		<input type="text"/>	
		First names	
		<input type="text"/>	
4.2	Date of birth	Day	Month Year
		<input type="text"/>	<input type="text"/>

## 5 Signing

By signing this form, you authorise IND to send a once only direct debit collection order to your bank to debit your account for the legal fees to be paid. By signing this form you also authorise the bank to debit your account once only according to the order by IND.

5.1	Name	<input type="text"/>	
		Place	Day Month Year
5.2	Place and date	<input type="text"/>	<input type="text"/>
		Signature account holder	Stamp (optional)
5.3	Signature account holder (by a person authorised for this purpose) and company/organisation stamp	<input type="text"/>	

### Please note!

If you do not agree with this withdrawal, you can have it reversed. Please contact your bank for this within 8 weeks. Ask your bank for the conditions.