

Inkom utlandsmyndighet
År, månad, dag

Application by co-applicants to students/doctoral students (DB) for:

Ärendenummer

 Visa for visitors

Dossiernummer

Sign

 Residence permit Work permit

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

 Doctoral student Student**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 Military service
 Male Female No Yes, year

Place of birth Country of birth Mother tongue

Marital status Other languages

 Single Married Divorced Partner Widowed



135012

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?

If you wish to work during your stay here you must have an offer of employment, if possible on form AMS PF 101704 (available at the Employment Office or on the web site www.ams.se)

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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