

To be filled out by the authority

Case number	Signature
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## Application for a visitor's residence permit

Use this form if you want to apply for a permit to visit Sweden for more than 90 days. You should also use this form if you want to extend your on-going visit in Sweden and the total length of the visit would then be longer than 90 days.

You can find the 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. If all of the information in the application is filled in and all necessary documents are included, the waiting time will be shorter. Do not forget to sign the form.

If you want a representative to represent you, you must fill in the form Power of attorney, 107011. If you want the person you are to visit to receive the entire decision, you will also need to fill in an authorisation for that person.

### 1. I am applying for a permit because

<input type="checkbox"/> I want to travel into and visit Sweden for more than 90 days	(O)
beginning on .....	up to and including ..... (YYYY-MM-DD)
<input type="checkbox"/> I want to extend my visit so that the total time in Sweden will be longer than 90 days	(OA, OI, OX, OVX)
up to and including .....	
My visa is valid as of .....	up to and including ..... for ..... days
If the visa is issued by a country other than Sweden, state which .....	
My visa or visa exemption period expires on (YYYY-MM-DD)	

I have a permit in another Schengen country	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, state which Schengen country
		.....
My latest entry into Sweden/Schengen was on (YYYY-MM-DD)		
.....		
I have visited Sweden before	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, state when and how long
.....		

### 2. I am applying for a permit

<input type="checkbox"/> to visit relatives	<input type="checkbox"/> as an exchange doctoral student
<input type="checkbox"/> to visit friends	<input type="checkbox"/> for religious purposes
<input type="checkbox"/> to visit my partner	<input type="checkbox"/> for volunteer work or as a trainee
<input type="checkbox"/> for a business visit or conference visit	<input type="checkbox"/> on the basis of an extraordinary event
<input type="checkbox"/> as a tourist	<input type="checkbox"/> for another reason
<input type="checkbox"/> for medical treatment or the equivalent	

### Requirements to receive a visitor's permit for Sweden

To be eligible for a visitor's permit, you must

- intend to stay here for visiting purposes only
- have an intention to return to your home country or your country of residence after your stay here
- be able to support yourself during the time you will be in Sweden (SEK 450 for each day the visit lasts)
- have a valid passport (the passport must be valid for at least three months after the end date of the visit)
- have a medical travel insurance.

### 3. Explain why you want to apply for a visitor's permit in Sweden

You can provide several reasons.

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### 3.1 Explain why you did not apply for a visitor's permit before entering Sweden

Fill out if you are in Sweden.

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### 4. Personal details

Surname (family name)	Previous surname, if any
First name(s)	Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Citizenship	Previous citizenship
Place of birth	Country of birth
Native language	I also speak (language(s))
Are any of your relatives applying for a permit with you? <input type="checkbox"/> No <input type="checkbox"/> Yes (they must submit their own application)	Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married** <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

\* Enter the sex specified in your passport.

\*\* Registered partner counts as married.

### 5. Contact details

#### 5.1 Address in the land where you reside permanently

c/o	Street address
Postcode	Place
Country	Daytime telephone number

#### 5.2 Address in Sverige

c/o	Street address
Postcode and place	Daytime telephone number

#### 5.3 Email address

--

## 6. Current occupation

Means of support in your home country	Profession or occupation
Employer	Employed since
Mark the box that applies best in your situation	
<input type="checkbox"/> I work and have a holiday	<input type="checkbox"/> I work and have a leave of absence
<input type="checkbox"/> I have quit my job	<input type="checkbox"/> I am a job seeker
<input type="checkbox"/> I am self-employed	<input type="checkbox"/> I have other means of support
<input type="checkbox"/> I have my own funds	<input type="checkbox"/> I am a pensioner
<input type="checkbox"/> I study and have a holiday/leave from studies	
If the application concerns a child under 18. What does the child do in their home country? As: the child goes to school and has a school holiday.	

## 7. Means of support during the visit in Sweden

<input type="checkbox"/> Another person is providing my means of support	<input type="checkbox"/> Own money. I have SEK
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## 8. Passport details

<input type="checkbox"/> National passport	<input type="checkbox"/> Other passport (state type)	Passport number
Passport issued by	Issued date	Valid until (YYYY-MM-DD)

## 9. The person or organisation that you will visit

Name (surname and first name(s) or organisation)	Relationship or kinship
Citizenship	Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Address	Postcode and place
Email address	Daytime phone number
<b>If they are providing the means of support</b> Monthly salary before tax	Employer

## 10. The person or organisation providing your means of support (guarantor)

Fill out if different from the person or organisation you will visit.

Name (surname and first name(s) or organisation)	Relationship or kinship
Citizenship	Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Address	Postcode and place
Email address	Daytime phone number
Monthly salary before tax	Employer

## 11. Family details

Here you must list your (the applicant's) parents, husband, wife or partner, children and siblings. If any child is not your own biological child, you must state your relationship to that child and any half-siblings in section 'Other information'. This form must also be filled in if you are applying for an extension.

### 11.1 Husband, wife or cohabiting partner

I do not have any husband, wife or partner

My husband, wife or partner has deceased

Surname (family name)	Previous surname, if any
First name(s)	Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Citizenship	Previous or other citizenship
Country and place of residence	
Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes

### 11.2 Your children

I do not have any children

Surname (family name)	Previous surname, if any
First name(s)	Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Citizenship	Previous or other citizenship
Country and place of residence	
Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married (including registered partner) <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, year:	

Surname (family name)	Previous surname, if any
First name(s)	Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Citizenship	Previous or other citizenship
Country and place of residence	
Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married (including registered partner) <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, year:	

Surname (family name)	Previous surname, if any
First name(s)	Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Citizenship	Previous or other citizenship
Country and place of residence	
Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married (including registered partner) <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, year:	

Surname (family name)	Previous surname, if any
First name(s)	Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Citizenship	Previous or other citizenship
Country and place of residence	
Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married (including registered partner) <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, year:	

### 11.3 Your parents

Surname (family name)	Previous surname, if any
First name(s)	Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Citizenship	Previous or other citizenship
Country and place of residence	
Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Is the parent alive? <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married (including registered partner) <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, year:	
<b>If the application concerns a child under 18:</b>	Parent/Legal guardian <input type="checkbox"/> No <input type="checkbox"/> Yes
Is the parent submitting a permit application at the same time as the child? (Relatives must submit their own application)	<input type="checkbox"/> No <input type="checkbox"/> Yes

Surname (family name)	Previous surname, if any
First name(s)	Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Citizenship	Previous or other citizenship
Country and place of residence	
Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Is the parent alive? <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married (including registered partner) <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, year:	
<b>If the application concerns a child under 18:</b>	Parent/Legal guardian <input type="checkbox"/> No <input type="checkbox"/> Yes
Is the parent submitting a permit application at the same time as the child? (Relatives must submit their own application)	<input type="checkbox"/> No <input type="checkbox"/> Yes

## 11.4 Your siblings

I have no siblings

Surname (family name)	Previous surname, if any
First name(s)	Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Citizenship	Previous or other citizenship
Country and place of residence	
Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married (including registered partner) <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, year:	

Surname (family name)	Previous surname, if any
First name(s)	Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Citizenship	Previous or other citizenship
Country and place of residence	
Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married (including registered partner) <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, year:	

Surname (family name)	Previous surname, if any
First name(s)	Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Citizenship	Previous or other citizenship
Country and place of residence	
Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married (including registered partner) <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, year:	

Surname (family name)	Previous surname, if any
First name(s)	Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Citizenship	Previous or other citizenship
Country and place of residence	
Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married (including registered partner) <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, year:	

## 12. Other information that the Swedish Migration Agency needs to be aware of

I plan to travel within the Schengen area during the time I am now applying for. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state which countries you intend to visit and how long
I plan on leaving Sweden when the permit expires. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state the reason why you do not plan to leave Sweden
I will leave Sweden if my application is denied (if I am in Sweden). <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state the reason that you will not leave Sweden if your application is denied
I can return home. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state the reason that you cannot return to your home country or to another country where you have a legal right to stay
I have a return ticket. <input type="checkbox"/> Yes <input type="checkbox"/> No The ticket is booked for, date <input type="checkbox"/> The ticket can be rebooked   If no, how do you plan to travel home?
I plan on working in Sweden during the visit. <input type="checkbox"/> Yes <input type="checkbox"/> No
I have permission to live in a country other than my home country. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state country you have permission to live in
I have permission to travel into the country I will go to after my visit in Sweden. <input type="checkbox"/> Yes <input type="checkbox"/> No State country you will travel to after the visit in Sweden

## 13. Other information

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## 14. The decision should be sent to

If you do not reside in Sweden: State the Swedish embassy or consulate-general you would like us to send your decision to
Contact the embassy or consulate-general before visiting to find out if they handle migration cases and, if not, which embassy or consulate-general does.
If you reside in Sweden: State which address in Sweden you would like us to send your decision to

## Document that you should enclose with your application

- copies of your passport showing identity information, period of validity, visas and entry stamps
- a copy of a valid residence permit in another Schengen country, if you have one
- a copy of your medical travel insurance
- an account statement or other document showing that you have money for your time in Sweden
- a copy of your guarantor's passport or ID card, if a person other than the one you are visiting will provide for your means of support
- a receipt that shows that you have paid the application fee.

**If the application concerns a child under 18 who is travelling without a parent/legal guardian, you as the person representing the applicant must enclose**

- a birth certificate which states the parents' names
- a certificate or authorisation from at least one legal guardian, use the form Power of attorney, 107011
- a copy of the legal guardian's passport.

**You must also include the following documents if you:**

**are visiting a relative, friend or partner**

- a copy of the ID card of the person you are visiting
- invitation form 249011 (if the application is submitted outside Sweden).

**are going to make a business visit or conference visit**

- certificate from the company or the organisation that you are visiting.

**will undergo a medical treatment or the equivalent**

- doctor's certificate (must include the doctor's name, department, care facility, diagnosis, treatment, post-treatment, time for treatment, cost and payment for the planned treatment and post-treatment)
- receipt of paid treatment or other financial support for the treatment.

**are here for religious purposes (such as a monk, nun or missionary)**

- certificate from the religious organisation about the purpose of the visit and how long it will last.

**are going to work as a volunteer or a trainee**

- certificate from company or organisation about the purpose of the visit and how long it will last.

If it concerns European Solidarity Corps (MUCF), you must use form 157011.

**are an exchange doctoral student**

- invitation from the university in Sweden (must state how long the visit is expected to last)
- certificate or admission letter from your home university.

## 15. Declaration

I hereby solemnly declare that the information that I have provided is true and that I have not knowingly left out anything that may be of significance in the examination of the case and that I have read the information about the processing of personal data in the annex.

I am aware that it is a criminal offence to knowingly supply incorrect information or knowingly fail to mention a circumstance of importance to assessing my application.

.....  
Place and date

.....  
Signature (for minors, signature of parent/legal guardian)

## 16. Signature of the person or organisation providing the means of support

I attest that I can support the applicant during the period to which the application pertains.

.....  
Place and date

.....  
Signature (for minors, signature of parent/legal guardian)

.....  
Position in the organisation

.....  
Print name

## Submission of the form

This form can be placed in the letterbox at the Swedish Migration Agency's service centre or sent to the Swedish Migration Agency at address:

The Swedish Migration Agency / Migrationsverket

Box 3100

903 03 UMEÅ

Sverige



## Appendix – Information on the processing of personal data

Note that this appendix shall not be sent in to the Swedish Migration Agency.

### General information

This information is provided to meet the information requirements pursuant to the EU General Data Protection Regulation (2016/679), hereinafter referred to as the “GDPR”.

### Processing of personal data

The Swedish Migration Agency processes personal data that you provide in the application and during the Swedish Migration Agency’s handling of the application. The Swedish Migration Agency processes personal data pursuant to the GDPR and the Swedish Migration Agency’s register statute, i.e., the Act on the Personal Data of Aliens (2016:27). The Act on the Personal Data of Aliens includes regulations that mean that personal data may be processed without you having to provide your consent.

### Swedish Migration Agency’s responsibility

Personal data is collected by the Swedish Migration Agency, which is the personal data controller and is responsible for the processing of personal data in the application and in the handling. There may be exceptions in case it is another authority or organisation that processes the personal data that you submitted to the Swedish Migration Agency.

### Processing of personal data at another authority or organisation

The personal data you submitted to the Swedish Migration Agency may also be processed at another authority (e.g., the Swedish Tax Agency or a municipality) or organisation, provided that they have the right to process the personal data. That authority or organisation may in these cases be responsible for the processing of personal data.

### Purpose of personal data processing

The Swedish Migration Agency processes your personal data for multiple purposes. The Swedish Migration Agency saves personal data in order for the application process to be carried out, i.e., processing a case concerning, e.g., a residence or work permit. This may also refer to automatic processing, including automatic decisions. The Swedish Migration Agency also processes your personal data to identify you, produce statistics, conduct registration, follow-up, plan, retrace decisions and release information to other authorities. Your personal data is also used in registers of applicants and in archiving at the Swedish Migration Agency.

### Checks

The Swedish Migration Agency will use the personal data for checks in registers, which are necessary to make a decision in the matter. This may involve, for example, checking if you are registered in the Schengen Information System (SIS) and if you appear in the Swedish register of suspects and criminal records (MR/BR).

## **What data**

The data the Swedish Migration Agency intends to collect and process include name, personal identity number, address, contact information and other information that is needed to process a case, for example. Depending on what the application concerns, photographs and fingerprints may also be processed.

## **Transfer of personal data**

After a review, your personal data may be released to those who need access to the information as a result of a legal obligation, a task of public interest, such as statistical information, or a task in connection with the exercise of public authority, where a processing of the information is necessary. The Swedish Migration Agency may forward personal information submitted if the Swedish Migration Agency is the wrong body for the information and it should be forwarded to the correct recipient. Transfer of personal data takes place in accordance with personal data or secrecy legislation.

## **Rights**

You have the right to obtain information from the Swedish Migration Agency on what data there is on you and you can request correction, transfer, deletion or restriction of your personal data.

The Agency's address is:  
Swedish Migration Agency  
601 70 Norrköping

Website address: [www.migrationsverket.se](http://www.migrationsverket.se)

Phone +46-(0)77-123 52 35

Registration number 202100-2163

If you request that your personal data be deleted, it is important to know that there are requirements that personal data shall be preserved according to national archive rules.

You can contact the Swedish Migration Agency's data protection officer at the address [dataskyddsbud@migrationsverket.se](mailto:dataskyddsbud@migrationsverket.se) if you have questions about the personal data processing. You also have the right to file a complaint with the Swedish Authority for Privacy Protection ([www.imy.se](http://www.imy.se)) if you believe that the Swedish Migration Agency is processing your personal data in an incorrect manner.