

## Application for a permit for family members of workers, researchers, athletes or coaches and those running their own business

To be completed by the Swedish Migration Agency/overseas mission		
Case No.	Signature	

This form should be used by family members of a person who is applying for has applied for a permit to work in Sweden. For this purpose, a family member is a husband/wife/cohabiting or registered partner or child. The Swedish Migration Agency charges a fee for processing your application.

When applying for the first time, the general rule is that you should apply for and be granted a permit before travelling to Sweden.

If you complete all of the details requested on the form and send all of the requested documents, you will receive a decision quicker than if we must ask you to submit supplementary information.

More information is available on our website at www.migrationsverket.se.

I hold a residence permit in a country other than my homeland

Yes, country:

Name			Date	of birth	(	Citizenship	
who is a							
worker (C	CBA, CBAX, CBA7, C	BA7X)	] pr	ofessional a	thlete/co	oach	(CB, CBX)
researcher (C	CRB, CRBX, CRMB,	CRMBX)	se	lf-employed	busine	ss perso	n (CB, CBX)
Intra-Corporate Transfer (CKB, CKMB, CKBX, CKMBX	` '.	lder [	] El	J Blue Card	holder	(CEB	, CEBX, CEAB, CEABX)
researcher who has comp	oleted her/his res	earch and	is lo	oking for wo	ork		(CRB)
Swedish address, if applicable (street, tow	vn/city)						Telephone number
I am planning to remain in Sweden from (		YYYY)			I am planr	ning to enter	Sweden on (DD.MM.YYYY)
2. My personal details							
Surname			А	ny previous surn	ame		
First name(s) (state all)		Are any other	close	relatives seeking	g a residenc	e permit tog	gether with you?
		☐ No	□ Y	es (co-applica	ınts <u>must </u> s	submit thei	r own application)
Gender	Date of birth (DD.MM identification no. if ap		al P	ace of birth		Countr	y of birth
☐ Male ☐ Female							
Citizenship	Any previous citizenships		Native language		Other I	Other languages	
Marital status Single Married (incl. re	egistered partner) [	Divorced		☐ Cohabiting	ı partner	☐ Wic	low/widower
3. Passport details							
3. Passport details  National passport	Other passport (sta	te type)				Passpoi	t number

If yes, valid from-to

☐ No

4. Contact details							
c/o	Stree	t address	i				
Postcode, town/city	Coun	try					
Email address				Telephone	<del></del>		
Swedish address, if applicable							
5. Current stay in Sweden							
I have been in Sweden since (DD.MM.YYYY)  I plan to remain in Sweden fromuntil .				/ inde	finitely		
Reason why I am in Sweden				, <u> </u>			
6. Previous applications for a Sv	wedish permit						
Have you previously applied to come to Sweden?  No Yes, year							
7. Previous stays in Sweden and	d other Schengen /	Area c	ountries	(most red	ent first)		
Country and period (from-to)			period (from-to				
3. Country and period (from-to) 4. Country a			y and period (from-to)				
8. My children's personal details	S (NB! Everyone applying	must c	omplete their	r own ap	plication)		
Surname, First name	<u> </u>		Date of birth	•	Citizenship		
O. My payanta							
9. My parents Surname, First name		Date o	of birth	Citizensh	ip	Country of residence	
Father							
Mother							

## **10. If the application concerns a child under the age of 18** (To be completed only if the child applying is under 18)

All children with the ability and desire to do so have the right to speak and be heard regarding their case at the Swedish Migration Agency. Children may express their views themselves, or allow a representative (such as a parent, custodian or guardian) to do it for them. It is important that it is the child's views that come forward and not the adult's. If the child's parents are interviewed orally, the child will also be interviewed orally.

Does the child have additional reasons to be granted a residence permit beyond family ties to you as parent?
Yes If yes, please state the reasons.
Does the child want to express his/her views on his/her case?
No
Yes If yes and the child wants to express his/her views in writing, please write here or attach a separate sheet of paper.
f the child wants to express his/her views verbally, please write to the Swedish Migration Agency at nigrationsverket@migrationsverket.se. You will find contact information at www.migrationsverket.se
Does the child need special support? (for example for physical or mental reasons)
Yes If yes, please describe in what way the child needs special support.
1. Any other information you would like to submit regarding your application

## 12. The decision should be sent to

Town/city and date

12 Signatura	
13. Signature I attest that the information I have provided is correct.	
Tallest that the information mave provided is correct.	

## 14. Documents to be submitted with your application

- Copies of passport pages showing your identity, the passport's period of validity and any permits to reside in a country other than your homeland.

Signature (for minors, the signature of the parent or legal guardian)

- Receipt for payment of the application fee (when applying within Sweden).

If you would like your decision delivered to you outside Sweden, please state which Swedish embassy/consulate.

- Marriage certificate/document showing that you permanently live together.
- Birth certificate(s) (for co-applicant children).
- Consent from parent/legal guardian for the child to move to Sweden (where the other parent/guardian is not coming to Sweden). This consent must state the period of time that the child is permitted to live in Sweden. In order to prove that the correct person has signed the consent you may, for example, submit a copy of her/his passport or other ID document.
- A letter from the person (husband/wife/registered or cohabiting partner, parent to the child) in Sweden, in which she/he confirms that you will be living together in Sweden (not required when you apply jointly).

If the application concerns a child under the age of 18 years:

- optionally a separate sheet of paper with the child's views.