

To be filled out by the authority

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

Use this form when you 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.

Help us shorten the waiting times by filling in the form on the computer or by applying via the e-service. Clear and correct information reduces the risk of us having to ask you for additional information. It makes it easier for both you and the Swedish Migration Agency.

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 a power of attorney for that person. You can find the forms and more information at [www.migrationsverket.se](http://www.migrationsverket.se).

### 1. I am applying 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	(YYYY-MM-DD)
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)	

### 2. Stay and permit in Schengen

Do you have a permit in another Schengen country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state which Schengen country
State date for your latest entry into Sweden or Schengen (YYYY-MM-DD)		
Have you visited Sweden before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state when and how long

### 3. 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 (at least SEK 450 for each day)
- 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 that is valid in Sweden for the whole duration of your planned stay.

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

You can provide several reasons.

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

Fill out if you are in Sweden.

## 5. Personal details

Surname (family name)	Previous surname, if any
First name(s)	Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Citizenship	Previous citizenship, if any
Place of birth	Country of birth
Native language	I also speak (language(s))
Sex (specified in the passport <sup>1</sup> )	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married or registered partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

<sup>1</sup> If a different sex is specified in the passport, you will still need to choose male or female. This is because only these two genders are used in Swedish legislation.

Are any of your relatives applying for a permit with you?

Yes

No

State the names and how you are related to those who are applying together with you. Please note that all co-applicants must submit their own application.

Name	Relation

## 6. Contact details

It is important that you provide the correct contact details to the Swedish Migration Agency. Make sure that your name is on the door or mailbox. When the application has been received by the Swedish Migration Agency, you can check if your information is updated on "My page" via [www.migrationsverket.se](http://www.migrationsverket.se).

### 6.1 Address in the country where you reside permanently

c/o	Street address
Postcode	Place
Country	Telephone number with country code, for example +46 or 0046

### 6.2 Address in Sweden

c/o	Street address
Postcode and ort	Daytime telephone number

### 6.3 Email address

## 7. 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? For example: the child goes to school and has a school holiday.	

## 8. Passport details

<input type="checkbox"/> National passport	<input type="checkbox"/> Other passport (state type)
Passport issued by (country and authority)	Passport number
Issued date (YYYY-MM-DD)	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)
Street address	Postcode
Place	Daytime phone number
Email address	

## 10. Means of support during your 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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### 10.1 If the person or organisation that you will visit provides your means of support

Fill out this information about the person or organisation you will visit, if they will provide your means of support.

Monthly salary before tax	Employer
Employed since (YYYY-MM-DD)	Form of employment (Permanent/temporary until (YYYY-MM-DD))

### 10.2 If somebody else will provide your means of support

Fill out if somebody else than the person or organisation that you will visit will provide your means of support during your visit (is your guarantor).

Name (surname and first name(s) or organisation)	Relationship or kinship
Citizenship	Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Street address	Postcode
Place	Daytime phone number
Email address	
Monthly salary before tax	Employer
Employed since (YYYY-MM-DD)	Form of employment (Permanent/temporary until (YYYY-MM-DD))

## 11. Family details

Here you must list the personal details of 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 Spouse or cohabitant – personal details

I do not have any husband, wife or cohabitant

My husband, wife or cohabitant 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:	

### 11.2 Your children – personal details

I do not have any children.

#### 11.2.1 Child 1

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:	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married or registered partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, since year:	

#### 11.2.2 Child 2

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:	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married or registered partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, since year:	

### 11.2.3 Child 3

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:	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married or registered partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, since year:	

### 11.2.4 Child 4

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:	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married or registered partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, since year:	

## 11.3 Your parents – personal details

### 11.3.1 Parent 1

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:	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married or registered partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, since year:	
If the application concerns a child under 18: Is parent 1 the child's guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### 11.3.2 Parent 2

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:	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married or registered partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, since year:	
If the application concerns a child under 18: Is parent 2 the child's guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### 11.4 Your siblings – personal details

I have no siblings.

#### 11.4.1 Sibling 1

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:	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married or registered partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, since year:	

#### 11.4.2 Sibling 2

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:	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married or registered partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, since year:	

### 11.4.3 Sibling 3

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:	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married or registered partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, since year:	

### 11.4.4 Sibling 4

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:	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married or registered partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, since year:	

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

Do you plan to travel within the Schengen area during the time you are applying for? If yes, state which countries you intend to visit and how long	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan on leaving Sweden when the permit expires? If no, state the reason why you do not plan to leave Sweden	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you leave Sweden if your application is denied? (Fill out if you are in Sweden.) If no, state the reason why you will not leave Sweden if your application is denied	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you return to your home country or to another country where you have a legal right to stay? If no, state the reason why you cannot return	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a return ticket? The ticket is booked for, date <input type="checkbox"/> The ticket can be rebooked	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, how do you plan to travel home?



Do you plan on working in Sweden during the visit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a permit to live in a country other than your home country? If yes, state country where you have a permit to live	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have permission to travel into the country you will go to after your visit in Sweden? State country you will travel to after the visit in Sweden	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### 13. Other information you would like to submit regarding your application

### 14. The decision should be sent to

Note that the Swedish Migration Agency cannot send a decision by email.

State the Swedish embassy, consulate-general or the address in Sweden 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.

### 15. Documents that you should enclose with your application

- copies of your passport showing identity information, period of validity, visas and stamps
- a copy of a valid residence permit in another Schengen country, if you have one
- a copy of your medical travel insurance that shows the terms of the insurance
- an account statement, payslip, certificate of employment or other document showing that you or your guarantor 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

#### 15.1 If the application concerns a child under 18 who is travelling without a parent/legal guardian, you must also enclose

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

#### 15.2 You must also include the following documents if you

##### 15.2.1 are visiting a relative, friend or partner

- a copy of the ID card of the person you are visiting
- the form Invitation for visiting longer than 90 days 249011 (if the application is submitted outside Sweden).

##### 15.2.2 are going to make a business visit or conference visit

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

### 15.2.3 will undergo a medical treatment or the equivalent

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

### 15.2.4 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.

### 15.2.5 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.

### 15.2.6 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.

## 16. Application fee

We will contact you if you have to pay an application fee. If you have a representative, we will contact the representative. If you submit your application at a Swedish mission abroad, you will receive information on how to pay there. If you choose to apply via the e-service, you will pay a fee, if applicable, when you submit the application. Read more about our application fees and payment methods at [www.migrationsverket.se](http://www.migrationsverket.se).

## 17. 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 appendix.

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, the signature of parent/legal guardian)

## 18. 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

## 19. Submit or send the application

Submit the form with attachments at a Swedish mission abroad, in a letterbox at a Swedish Migration Agency's Service Centre or send it to:

Swedish Migration Agency  
Skanningen Stockholm  
Box 1430  
171 27 Sundbyberg  
Sweden

## 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.