

Application for national visa (D-visa) for Sweden

This application form is free of charge.

Use this form if you are outside Sweden and want to apply for a visit to Sweden for more than 90 days and up to one year. Submit your application to a Swedish diplomatic mission (embassy, consulate or equivalent) processing migration cases. For information on what documents to submit with the application please consult the relevant diplomatic mission.

The form should also be used if you are in Sweden and have applied for an extension of your residence permit or work permit and need to undertake a business trip or travel for research or as part of your doctoral studies while your extension application is being processed. Submit your application with supporting documents to the Migration Agency in Sweden. For information on supporting documents please visit www.migrationsverket.se.

1. Surname (Family name)		FOR OFFICIAL USE ONLY
2. Surname at birth (Former family names)		Date of application:
3. First name(s) (Given names)		Application number:
4. Date of birth (day-month-year)		Application lodged at: <input type="checkbox"/> Embassy/consulate
5. Place of birth	6. Country of birth	
7. Current nationality	Nationality at birth, if different	<input type="checkbox"/> Other:
Other nationalities		File handled by:
8. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> TMI <input type="checkbox"/> Means of transport <input type="checkbox"/> Other:
9. Civil status	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
	<input type="checkbox"/> Civil partnership <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er)	
	<input type="checkbox"/> Other (please specify)	
10. Parental authority (in case of minors) or legal guardian (surname, first name, address if different from applicant's, telephone no., email address and nationality)		Visa decision: <input type="checkbox"/> Refused <input type="checkbox"/> Issued
11. National identity number, where applicable		Visa type: <input type="checkbox"/> D
12. Type of travel document	<input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport	<input type="checkbox"/> Valid: From:
	<input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport	Until:
	<input type="checkbox"/> Other travel document (please specify)	Number of entries: <input type="checkbox"/> Multiple
		Number of days:

13. Number of travel document	14. Date of issue	FOR OFFICIAL USE ONLY
15. Valid until (DD-MM-YYYY)	16. Issued by (country)	
17. Personal data of the family member who is an EU, EEA or CH citizen, if applicable Surname (Family name)		
First name(s) (Given names)	Date of birth (day month year)	
Nationality	Number of travel document or ID card	
18. Family relationship with an EU, EEA or CH citizen, if applicable <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild		
<input type="checkbox"/> Civil partnership <input type="checkbox"/> Dependent ascendant		
<input type="checkbox"/> Other (please specify)		
19. Your home address		
Your email address		
Your telephone number		
20. Are you resident in a country other than the country of which you are currently a citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, state type of residence permit or equivalent		
Number	Valid until (DD-MM-YYYY)	
21. Current occupation		
22. Employer and employer's address and telephone number. For students and researchers, state name and address of educational establishment		
23. Purpose(s) of the journey <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting Family or Friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reasons <input type="checkbox"/> Study or research <input type="checkbox"/> Other purpose (please specify)		
24. Name and address of inviting company, organisation or person		
Surname, first name, address, telephone no. and email address of contact person		

25. Information on purpose of stay	FOR OFFICIAL USE ONLY
26. Intended date of arrival of the first intended stay in the Schengen area	
Intended date of departure from the Schengen area after the first intended stay	

I am aware that the visa fee is not refunded if the visa is refused.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted.

I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 6(1) of Regulation (EU) No 2016/399 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.

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Place and date

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Signature (signature of parental authority/legal guardian, if applicable)