

To be filled out by the authority

Signature

Case number

Received by the Swedish mission abroad

Received by the Swedish Migration Agency

| Means of support in connection w  | vith visiting Sweden                          |
|---|---|
| Means of support in connection with visiting Sweden  Annex to the application for a permit for an on-going visit via the e-service from Sweden  |   |
| This form is to be used by a person or organisation who is guaranteeing the means of support for a person applying via the e-service for a permit for an on-going visit in Sweden. You must use this form if the total length of the visit will then become longer than 90 days.  You can find this form and more information at <a href="https://www.migrationsverket.se">www.migrationsverket.se</a> . Please complete the form on your computer, as this makes it easier for us to process the case. Remember that if you are guaranteeing the means of support, you must sign the form before your relative, friend or partner use it as an annex in the e-service. You must also append a copy of your national passport or ID card. |   |
| 1. Information about the person applying for a visitor's permit in Sweden   |   |
| Surname (family name)   | First name                                    |
| Date of birth/Personal ID No. (YYYYMMDD-NNNN)   | Sex  Male Female                              |
| Citizenship   | E-mail address                                |
| Address   | Postal code and place                         |
| 2. The person or organisation that is providing the means of support during the visit in Sweden  Surname  First name  |   |
| Surraine  | i ist name                                    |
| Citizenship   | Date of birth/Personal ID No. (YYYYMMDD-NNNN) |
| Employer  | Monthly salary before tax                     |
| Company or organisation   | Registration number                           |
| Address   | Postal code and place                         |
| E-mail address  | Daytime telephone number                      |
| 3. Signature of the person or organisation that is providing the means of support   |   |
| during the visit  I attest that I can support the applicant during the period to which the application pertains.  |   |
| in access that i can support the applicant during the period to   | willon the αρριισατίση ρετιαίτιο.             |
| Place and date  | Signature                                     |
| Position in the organisation  | Print name                                    |
|   |   |