

Application for visitor's permit

To be completed by the Migration Agency	
Case number	Signature

NOTE! Please read this first.

Use this form if you want to apply for a visitor's permit to visit Sweden for more than 90 days. You can also use this form to extend your current visit in Sweden if the total visit will be longer than 90 days. There is a special form for children under the age of 18: "Application for visitor's permit for a child under the age of 18" – MIGR 167011.

You can also find this form and more information on our website: www.migrationsverket.se. Please complete this form on a computer if possible. This makes it easier for us to process your application.

Simplified service

Once the Swedish Migration Agency has reached a decision, you may use the simplified service to be informed of the decision. Simplified service means that the Swedish Migration Agency will send the decision by regular post to the address that you have given as your place of residence. The next day, we will send a new letter with informing you that we have sent out the decision. After the above steps have been taken, the Swedish Migration Agency will consider that you have been informed of the decision two weeks after the date we sent it to you. You then have three weeks to lodge an appeal against the decision.

I am applying for a visitor's permit because I

- want to visit Sweden for more than 90 days from:..... until: (O)
- want to extend my visit to Sweden for more than 90 days, up until: (O, OX, OVX)

My visa/my visa-free period expires on.....

My last entry into the Schengen area was.....

1. My personal details

Surname		Previous surname, if any	
Given name(s) (in full)			
Citizenship		Previous/other citizenship, if any	
Date of birth (year, month, day, ID-digits, if any)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with other persons <input type="checkbox"/> No <input type="checkbox"/> Yes
Place of birth		Country of birth	First language
Address		Postcode, Town/City	
Country	Email address		Daytime telephone number
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed			Other languages
Financial support in home country		Occupation	
Employer		Employed since	
Tick the applicable box			
<input type="checkbox"/> I am working and I have vacation	<input type="checkbox"/> I am on sabbatical	<input type="checkbox"/> I have independent means	
<input type="checkbox"/> I have resigned from my job	<input type="checkbox"/> I am unemployed	<input type="checkbox"/> I am self-employed	
<input type="checkbox"/> I am a student and I have vacation	<input type="checkbox"/> I have paused my studies	<input type="checkbox"/> I am a pensioner	
I have visited Sweden before. (If yes – state when and how long)			
<input type="checkbox"/> Yes, I visited Sweden in		<input type="checkbox"/> No	

* Having a registered partner counts as being married

After my visit in Sweden I will travel to.....	I have a permit to enter that country <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. My passport details

Type of passport	Passport number	
Which country/authority issued the passport?	Date of issue (year/month/day)	Valid until

3. Reasons for my visit to Sweden (Tick the applicable boxes and answer the questions)

Visiting relative(s) <input type="checkbox"/>	Name of relative(s)
	Our family relationship
Visiting friend(s) <input type="checkbox"/>	Name of friend(s)
	We have known each other since
Business <input type="checkbox"/>	Name of company
Other reason <input type="checkbox"/>	State reason

4. The reason why I need to extend my stay in Sweden (only if you are already in Sweden)

Reason why I want to stay longer
Reason why I did not apply for a visitor's permit for the whole period before I came to Sweden (You must answer this question if you are in Sweden!)

5. Other information that the Swedish Migration Agency needs to know (Tick the relevant boxes and answer the questions)

I arrived on a visa from another member state (specify which state)	
<input type="checkbox"/> I will travel within the Schengen area during the period covered by this application. <input type="checkbox"/> I will <u>not</u> travel within the Schengen area during the period covered by this application.	I will visit the following countries:
<input type="checkbox"/> I plan on leaving Sweden when my residence permit expires <input type="checkbox"/> I <u>do not</u> plan on leaving Sweden when my residence permit expires	
<input type="checkbox"/> I am going to leave Sweden if my application is rejected (if I am already in Sweden). <input type="checkbox"/> I am <u>not</u> going to leave Sweden if my application is rejected (if I am already in Sweden).	
<input type="checkbox"/> I can return to my home country. <input type="checkbox"/> I <u>cannot</u> return to my home country.	Reason why I cannot return
<input type="checkbox"/> I have a return ticket. <input type="checkbox"/> I <u>do not</u> have a return ticket.	The ticket is valid until, date <input type="checkbox"/> The ticket can be rebooked
<input type="checkbox"/> I have a valid health insurance. <input type="checkbox"/> I <u>do not</u> have a valid health insurance.	Insurance is valid until (date)

<input type="checkbox"/> I plan on working in Sweden during my visit	
<input type="checkbox"/> I do <u>not</u> plan on working in Sweden during my visit	
<input type="checkbox"/> I have permission to live in another country than my country of origin	Country
<input type="checkbox"/> I do <u>not</u> have permission to live in another country than my country of origin	
My financial support during my visit to Sweden	
<input type="checkbox"/> Own money. I have kronor.	
<input type="checkbox"/> Another person is supporting me.	

6. Person or organisation I will visit

Name (Surname and first name or organisation)		
Personal identity number, if any	Citizenship, if any	Daytime telephone number
Address	Postcode and town/city	
Email address		
If they will also support you		
Monthly salary before tax	Employer	

7. Person or organisation that will support me during my visit (If other than the person you are visiting)

Name (Surname and first name)		Personal identity number, if any
Address (street, postcode, town/city)	Citizenship	Daytime telephone number
Monthly salary before tax	Employer	
Email address		

8. My address in Sweden (If different to that in 6.)

c/o	Street address
Postcode	Town/city
Daytime telephone number	Email address

9. Other information

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10. Please send notice of decision to

Swedish mission abroad/address in Sweden
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11. Documents I am including with my application:

- copies of passport pages that display identity information and passport's period of validity, as well as any entry stamps (if you are already in Sweden)
- appendix – Family details MIGR 239011
- documents that show I have guaranteed financial support for my time in Sweden.
- copy of return ticket
- invitation (only for family visit). Not needed for extension if the person you are visiting can confirm the Swedish Migration Agency in person when you submit your application
- proof of admission to university/school in home country (only for doctoral students)
- certificate showing the reason for my visit (if you do not have an invitation to visit relatives)
- power of attorney (if you want a legal representative to represent you). Use form 107011.

12. Assurance

I promise that the information that I have provided is true and that I have not knowingly left out anything that could be important in an examination of this application. NOTE: The application is not valid without a signature.

Place and date

Signature

A person who provides incorrect information in the application, or knowingly omits information that is of importance, can be fined or sentenced to imprisonment. See Chapter 20, section 6, paragraph 2 of the Aliens Act (2005:716).

If this application is made from Sweden

13. Signature of the person or organisation that will give financial support during the visit.

I promise that I can support the applicant during the period referred to in this application.

Place and date

Signature

Role at organisation

Printed name

Myndighetens anteckningar

Ansökan och frågeformulär granskade av	Familjebilagan granskad tillsammans med den sökande <input type="checkbox"/> Nej <input type="checkbox"/> Ja, av
Eventuella synpunkter	
Avgiften är betald <input type="checkbox"/> Ja <input type="checkbox"/> Nej <input type="checkbox"/> Undantagen	MR/BR-stämpel