

To be filled out by the authority				
Case number	Signature			
A converse of calcabitation				
Assurance of cohabitation Appendix to application for extended residence permit if you are a family member				
Appendix to application for of someone who has a ten			•	
eligible for subsidiary prote		porrint do d rore	agoo or a po	
If you are applying for an extension cohabiting partner or registered partner submit it together with Application address you need to send your form.	artner you need to fill ou ation for an extension of	t this form. Complete f residence permit, fo	the form, print it orm 201011. For	and sign it. You must
1. Personal details				
1.1 The person applying for an extended residence permit (the applicant)				
Surname (family name) First name(s)			, ,	
Personal ID No. (YYYYMMDD-NNNN)	N) or case number Telephone number (daytime)	
1.2 Hughand wife schobitin	og nortnor or registe	ared pertner to th	o annlicant	
Surname (family name)	2 Husband, wife, cohabiting partner or registered partner to the partner to the partner to the partner to the partner of the partner or registered partner to the partner or registered p		е аррисані	
, ,		. ,		
Personal ID No. (YYYYMMDD-NNNN)	INN) or case number Telephone number (daytime)	
2. Your relationship		-1		
When did the applicant move to Swede	en? State year and month.			
Are you still married, cohabitating or registered as partners?			Yes	□ No
Do you live in Sweden together?			 ☐ Yes	 □ No
If yes, state since when you have been living together (year and month)				
Have you been living together for the whole time since the applicant arrived?			Yes	☐ No
Will you continue to live together in Sweden?			Yes	□No
3. Signature				
I solemnly declare that the information could be of significance in the example.			ve not knowingly	omitted anything that
Place and date	Signature (The app			
Place and date	ate Signature (Husbar			or registered partner)
If you provide incorrect information in to revoked. You could also be fined or im				