

FORM EU3 Application for a Permanent Residence Card

For non-EEA national family member

This form is to be completed by each non-EEA national applying for a permanent residence card, having resided in the State for five years or more as the family member of a citizen of the European Union, Switzerland or an EEA Member State, under the European Communities (Free Movement of Persons) Regulations 2015.

- This form must be completed in BLOCK CAPITALS. Where indicated, please place a tick (✓) in the appropriate box.
- All sections must be completed as required. The declaration(s) in Section 6 must be signed. Incomplete applications cannot be processed and will be returned.
- Please note that certain documents are required to be submitted with this form. Please refer to the checklist in Section 5 of this form. All
 documents should be submitted as photocopies. No original documents should be submitted with this application. Original documents may
 be requested by this office during the course of your application.
- If you are presently unable to provide any of the information or details requested in any of the relevant sections, please explain the reasons
 in a letter and enclose it with this application form.
- A decision will be taken on the application no later than six months from the date of receipt of a fully completed application form with the
 relevant supporting documentation.
- While your application is being processed at this office, the onus is on you, the applicant, to advise this office of any change in circumstances
 (including change of residence or change in activities of EU citizen). You must submit new supporting documentation as appropriate.

Section	1	A	ppli	can	t De	etail	S																
1.1 Surname /	Famil	y na	me (as in p	asspo	rt)			6 - X														
1.2 Forename(S) (as	in pas	sport,)																			
L.3 Other name	e(s) (n	naide	n nam	ie, nai	ne at i	birth, a	any oth	er nar	nes by	which	уои а	re or i	have b	een kr	iown)								
.4 Date of Birt	:h							1.5	5 Gen	der /	please	tick)		1.6 P	PS N	ımbe	r						-
			$/ \Gamma$							(7	ſ										1
/	Month	/	′ ∟		Year				Male		 Fema		L]
•	Honer				rear				ridic		Cina												
7 Nationality	Т					Г	I							_		г	г —	т —	ı		_	_	7
						İ																	
1.8 Person ID	Numb	oer (i	if knov	vn)							1	. .9 0	ld De	partr	nent	Refe	rence	Num	ber				-
]-	-							6	9							$\Box /$			
10 Current Re	esiden	tial /	Addre	ess ir	ı Irela	and																	
																							Π
	-																						╀
															-								Γ
	-	\dashv																					\vdash
.11 Contact Te	lepho	ne N	umb	er			_																
.12 Email Addr	ess																						,

1.13 Relationship to EU o	citizen <i>(please tick)</i>				
Spouse	Partner		Divorced/Annulled	Other family dependant	
Parent	Sibling		Child	The state of the s	
If "Other family dependar	nt", please specify:				
1.14 Passport Number				1.15 GNIB Registration Number	er
]
.16 Status on arrival in th	e state (please tick)				
Asylum-seeker	Student		Family member of	of EU citizen	
Visitor	Employmen or Green Ca	t Permit ord Permit	Other		
"Other", please give deta	ils:				
1.17 Date of arrival in the	State		ve you ever been d	eported or removed from the	
		State?	res - No		
Day Month	Year				
.19 Have you been convid	cted of any criminal offer	nce in the State or	abroad?	Yes No	
"yes", please give details)	seed of arry criminal offer	Tee in the State of			
.20 Are there any charges	s pending against you in	the State or abro	ad? Yes	No	
"yes", please give details)					
Section 1B Rete	ention of Rights				
This subsection is required from the EU citizen or after	where the applicant has b	een granted retent	on of a residence car	d (Form EU5) after divorce or annu	ılment
1.21 Applicant's current a					
Employment	Self-employm	1 1	esiding with sufficien	t resources	
L.22 Name of applicant's e		ent	esiding with sufficien	it resources	
			TTT		
L.23 Address of applicant's	s workplace or business				
	Northpiace of Basilless		TIT		T
					\vdash
			+		
24 Email address of emp	loyer or business				
.25 Contact telephone nu	mber for applicant's em	ployer or business	1.26 Date	e of commencement of activity	
				<mark>/</mark>	
27 Details of applicant's	financial resources	· - · · · · · · · · · · · · · · · · · ·	Day	Month Year	
-	_				

Sect	ion	2	Det	ails d	of El	J cit	izen	of v	vho	m tl	ne a	ppli	cant	is a	far	nily	mer	nbe	Ī			
2.1 Surna	me /	Family	y nam	e (as in	passp	ort)	T	Т	1			1	1							1	1	_
2.2 Foren	ame(s	(as i	n passp	ort)	Т		T		T	\top	\top		T	T	Т	1			Τ	1		
.3 Other	name	(5) (m	naiden r	name n	ame at	hirth	any of	her na	mec h	l whi	-h vou	are or	have	been l		<u> </u>					1	
JE GUIGI			ididen i	iame, m	arrie ac	Dir cri,	arry or	THE THE	ines L) will	in you	are or	Have	Deen F	inown,							
.4 Nation	ality					т—	_	1	1	T	7		ŕ	2.5 D	ate o	f birt	h _	\neg /	· —		1	
													L	Da	y	/ L	Month	_]/		Ye	ear	
.6 Gende	E	se tick) nale) <u>2</u>	2.7 PPS	5 Nun	ber							[2.8 D		f arri	val in	the S	State	Ye	ear	
2.9 Passp														:		Iden				olease t		
6 9	Depai	rtmen	t Refe	rence	Numb	er (if		able)				2.1	12 Co	ontac	Tele	phon	e Nui	mber			T	T
13 Email	Addr						J/ L															
	7100																					
14 Curre	nt res	identi	ial add	lress																		
		12																				
\perp				-																		
		L												1								
2.15 Perr	naner	t Dec	idence	Cortif		No. of Lot, Lot,	zen h	olds	a Pe	erma	nent	Resi		REAL PROPERTY.			sue o	f Cort	ificat			
113 1611		Res	Idence	Certii	Icate	Num	Dei							Da			Month				'ear	
Secti	on	3	Activ	/ities	of	the	EU d	itiz	en i	n ti	ie S	tate										
1 Current	or m	ost re	cent a	ctivity	(pleas	e tick)					-0.02											
Emp	loyme	nt		Self	-empl	oyme	nt		Stu	dy				Involu unem						ng with ent res		:S
Name o	of emp	oloyer	, busir	ness, o	r colle	ege																
Addross	of w	orkele	.co. h.:		0	lless																
3 Address	o or we	JI KUIA	ce, Du	isiness	UF CC	nege																

3.4 Email address of employer, business or college		
3.5 Contact telephone number for employer, business or college	3.6 Date of commencement	of activity
3.7 Details of sufficient resources or social welfare (if applicable)	Day Month	Year
3.8 Previous activities of the EU citizen in the State in the last 5 years	建等数据图数数	學等的學術
Please provide details of activities in the State for a continuous period of five	e years.	
If you require additional space, please use Annex B , which can be found wi Service website at http://www.inis.gov.ie .	th this application form on the	e Immigration
NOTE: For "Details of activity" in this section, please provide the following as applica	ble: name and address of workpla	ce; name and address
of business; address of college and course title; type of Social Welfare received; details Details of activity	s of resources (e.g. pension).	
Jetano o adame,	Employment	Study
	Self-employment	Residing with sufficient resources
	Involuntary Unemployment	N. C.
	From	
	To Day Month	Year
Details of activity		
	Employment	Study
	Self-employment	Residing with sufficient resources
	Involuntary Unemployment	
	From	
	То	
	Day Month	Year
Details of activity		
	Employment	Study
	Self-employment	Residing with sufficient resources
	Involuntary Unemployment	
	From	
	То	
	Day Month	Year
Details of activity		
	Employment	Study
	Self-employment	Residing with sufficient resources
	Involuntary Unemployment	
	From	
	То	
	Davi	A CONTRACTOR OF THE PARTY OF TH

If seeking entitleme	nt to permanent resid	ence after cessat	ion of employment o	or self-employment
3.9 Reason for cessation of em	ploy <u>ment or self-employ</u>	ment (please tick)		
Retired	Permanently inco	apacitated	Occupational illness	Other
2.10 Data of assertion	If !	reason is "Other",	please specify:	
3.10 Date of cessation				
Day Month	Year	-		
Section 4 Previou	is addresses in the	e State		
In this section, please provide d	letails of all previous add	dresses in the State	e for the applicant and	the EU citizen in the last five
years. If you require additional service website at http://www	space, please use Annex	x A , which can be	found with this applica	tion form on the Immigration
Service website at http://www	v.iiis.gov.ie.			
Address				
Date residence began,	Date resi	idence ended,	Res	sidential status
				Owning Renting
Day Month Year	r Day	Month	Year	
Address				
Date residence began	Date resid	dence ended	Res	sidential status
Day Month Year		/	Vana	Owning Renting
	Day	Month	Year	
Address				
	 			
	- 	+		
Date residence began	Date resid	dence ended	Res	idential status
				Owning Renting
Day Month Year	Day	Month	Year	
ddress				
	++++			
	+			
Pate residence began	Date resid	lence ended	Pas	idential status
/ / / / / / / / / / / / / / / / / / /			Res	Owning Renting
Day Month Year	Day	/ L / L L	Year	

Section 5 Document Checklist

Please provide **photocopies** of the documents requested below. Identity documents and civil certificates should be photocopied in colour and photocopies should include all pages (including blank passport pages).

Evide	ence of identity	
	Passport of applicant	Passport or National Identity Card of EU citizen
	Two passport-size photos of applicant	Two passport-size photos of EU citizen
Evide	ence of relationship of applicant to EU	citizen
Please	e provide supporting documents relevant to Civil Marriage Certificate (For Spouse)	o your family relationship as per Section 1.13 of this form. Partnership Certificate (For Civil Partner) Birth Certificate(s) (for Child, Parent or Sibling)
For "P	Partner" or "Other family dependant", pleas	se specify supporting documents enclosed:
Evide	ence of activities in the State	
	e provide supporting documents for econor his form, except where Section 1B has bee	nic activities. Documents should pertain to the EU citizen only, as per Section in used.
(4	A) For each period of Employment	
Γ	Letter from employer setting out terms ar	nd conditions of employment or signed contract of employment
Γ	P60s or equivalent for the last five years	(or as applicable)
(1	B) For each period of Self-employment	
اِ		Commissioner for each applicable financial year
	VAT3 receipts (if applicable)	
l,	Bank statements of the business for a six-	month period, and corresponding invoices or receipts issued
(0	C) For each period of Study	
Ţ	Letter from college/course provider includi	ng course description, start date and completion date
	Letter from private medical insurance prov	ider showing comprehensive sickness insurance
l	Bank statements and other evidence of fine	ancial resources
(D	D) For each period of Involuntary Unemploy	ment
Γ	Letter from Department of Employment Af	fairs and Social Protection with details of benefit claims
	Letter from Employment Services Office (o	r FÁS) acknowledging registration as a jobseeker
Γ	Letter from prior employer outlining circum	istances of redundancy
	P60s for prior two years of employment	
(E) For each period while Residing with suffic	cientresources
Į	Evidence of financial resources and corresp	onding bank statements
	Letter from Department of Employment Aff	fairs & Social Protection with details of benefit claims or confirmation of no claims
Γ	Letter from private medical insurance provi	ider showing comprehensive sickness insurance
vider	nce of residence of applicant and EU ci	tizen in the State for a continuous period of 5 years
Fo	r each residential address while Renting	
	Letter from landlord/agency, tenancy agree	ement, or letters of Registration from Private Residential Tenancies Board
Γ	Utility bills in the names of both the applica	nt and the EU citizen for each year of residence
Fo	r each residential address as the Home-o	wner
Γ	Letter from mortgage provider, local author	rity or County Council
Γ	Title or deeds as applicable	
Ĺ	Utility bills in the names of both the applica	nt and the EU citizen for each year of residence
viden	nce of cessation of employment or self-	-employment of the EU citizen (if applicable)
		loyment or self-employment, outlining the circumstances of cessation
		e pension (contributory or non-contributory), or an allowance, benefit or

Section 6 Declarations

Applicant

This declaration should be signed and dated by the applicant or by the parent or guardian of an applicant under the age of 18.

I hereby apply for a permanent residence card for myself. The information I have given is complete and is true to the best of my knowledge. I also declare that the photographs submitted with this form are a true likeness of me. I confirm that if, before my application is decided, there is a material change in my circumstances or new information relevant to this application becomes available, I will inform the EU Treaty Rights Division of the Department of Justice in writing immediately. I understand that any false or misleading information or fraudulent supporting documentation submitted will result in the refusal of this application.

I understand that, under Section 8 of the Immigration Act 2003 and Regulation 26 of the European Communities (Free Movement of Persons) Regulations 2015, the data in this application may be disclosed to other Irish Government Departments as well as to public authorities of the Member States of the European Union and European Economic Area (EEA) for purposes connected to this application. I acknowledge that the EU Treaty Rights Division may make enquiries to confirm any of the details or documents provided by me in this application, including my participation in an interview process.

I am aware that a person who asserts an entitlement to any rights on the basis of information which he or she knows to be false or misleading in a material particular shall be guilty of an offence and shall be liable, on summary conviction or conviction on indictment, to a fine or term of imprisonment, or both, as set out in Regulation 30 of the European Communities (Free Movement of Persons) Regulations 2015.

Day Month Year	Signed by applicant	Date		
John Tear		Day	Month	Year

EU Citizen

This declaration should be signed and dated by the European Union, EEA or Swiss citizen.

The information given in this form is complete and is true to the best of my knowledge. I also declare that the photographs submitted with this form are of a true likeness of me. I confirm that if, before the application is decided, there is a material change in my circumstances or new information relevant to this application becomes available, I will inform the EU Treaty Rights Division of the Department of Justice in writing immediately. I understand that any false or misleading information or fraudulent supporting documentation submitted will result in the refusal of this application.

I understand that, under Section 8 of the Immigration Act 2003 and Regulation 26 of the European Communities (Free Movement of Persons) Regulations 2015, the data in this application may be disclosed to other Irish Government Departments as well as to public authorities of the Member States of the European Union and European Economic Area (EEA) for purposes connected to this application. I acknowledge that the EU Treaty Rights Division may make enquiries to confirm any of the details or documents provided by me in this application, including my participation in an interview process.

I am aware that a person who asserts an entitlement to any rights on the basis of information which he or she knows to be false or misleading in a material particular shall be guilty of an offence and shall be liable, on summary conviction or conviction on indictment, to a fine or term of imprisonment, or both, as set out in Regulation 30 of the European Communities (Free Movement of Persons) Regulations 2015.

Signed by European Union, EEA or Swiss Citizen	Date	
	Day Month	Year

Submission of incomplete forms or failure to submit all requested documentation will result in the automatic return of your application. All documents submitted with this application should be photocopies.

Please return completed forms and documents to:

EU Treaty Rights Division Immigration Service Delivery Department of Justice 13/14 Burgh Quay Dublin 2, D02 XK70

1.	The data you provide in this form is Department of Justice. The data co The data controller's contact details Department of Justice, 13 – 14 Burg
2.	You can contact the Data Protection Protection Officer, the Department c - dataprotectioncompliance@justice
3.	We will use the personal data you pr
	 Assessing your entitlement to res your application.
	 We may also use the personal da of any future considerations rega
4.	We collect and process this data in or public interest. The specific basis for
	 □ Directive 2004/38/EC □ Regulation 26 of the EC (Free Mo □ Section 8 of the Immigration Act,
5.	The personal data provided here will National Immigration Bureau's databaparties:
	 Government Departments an An Garda Siochána, EEA Competent authorities, EEA police forces. Individuals with your consent Service providers of the Depa providers, producer of Reside

- 6. The personal data you provide in this form is necessary for us to determine if you meet the criteria for a residence card as the family member of the EEA National named by you. If this data is not provided, your application cannot be processed.
- 7. This data may be retained until ISD can be sure that you will have no further contact with the immigration services. This may be an indeterminate period as your immigration history in the State may span a full lifetime. It will be referred thereafter to the Director of National Archives for appraisal under the National Archives Act 1986.
- 8. Both you and the EEA National have the right to request access to, and a copy of any personal data pertaining to you or them that we process. You can do this by filling in a Subject Access Request form, available at www.justice.ie, and sending it to dataprotectioncompliance@justice.ie. You may be required to verify your identity before we send the information to you.
- 9. You or the EEA National have the right to request us to rectify any errors in your data or to erase your data, as well as to seek a restriction of the processing of your data or to object to the processing of your data in certain circumstances. To do this you or the EEA National should write to EU Treaty Rights Division, Immigration Service Delivery, Department of Justice, 13 14 Burgh Quay, Dublin 2, D02 XK70 explaining what errors need to be rectified or erased or your reasons for seeking the restriction of, or objecting to, the processing.
- 10. You or the EEA National have a right to lodge a complaint with the Data Protection Commission if you believe your personal data is being processed by us unlawfully. Information about how to make a complaint can be found on www.dataprotection.ie.

I acknowledge that I have read and understood the information outlined above, which relates to my data protection rights.

Name (Applicant)			
Signature (Applicant)		Date	
Name of Parent/Guardi	an of applicant aged under 18	years	
Signature of Parent/Gua	ardian		Date
Name (EEA Citizen)		_	
Signature (EEA Citizen)		_ Date _	