

FORM RES6 - B

Application for Extension of Visitor Permission in Exceptional Circumstances

An extension of visitor permission is intended as a short-term immigration permission for an unforeseen and exceptional change in circumstances which cannot be avoided.

Before completing this form please read the Guidelines which are available on our website: www.inis.gov.ie

- 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. All declarations in **Section 5 & Section 6** must be signed. **Please ensure you read and sign the Data Protection Statement.**
- Please note that certain documents are required to be submitted with this form. Please refer
  to the checklist in Section 8 of this form. All documents should be submitted.
- The Immigration Service Delivery endeavours to process applications as quickly as possible, however, processing times may vary. Processing times are usually one month.
- While your application is being processed at this office, the onus is on you, the applicant, to advise this office of any change in your circumstances. You must submit new supporting documentation as appropriate.
- Applications will not be accepted from persons outside the State.

Incomplete application forms will not be processed and will be returned.

#### Where to send your completed application form

You must send your completed application form and supporting documents to the address below

Extension of Visitor Permission Immigration Service Delivery PO Box 12695 Dublin 2

Application status updates will not be provided.

#### **Privacy Notice**

#### Introduction:

1. The data you provide is collected by Domestic Residence and Permissions, a Business Unit of the Department of Justice. The data controller for the information you provide is the Department of Justice and the data controller's contact details are:

Extension of Visitor Permission, Immigration Service Delivery, PO Box 12695, Dublin 2.

#### How will your personal data be used?

- 2. We may use the personal data you provide in this form for the following purpose(s):
  - Verifying your identity.
  - 2. Assessing the eligibility of you as a non-EEA National for permission to extend your visit in the State.
  - 3. In considerations regarding your immigration or citizenship status.

#### **Legal Basis for processing your Personal Data:**

- 3. Our legal basis for collecting and processing this data is as follows:
  - a. The Aliens Act, 1935, The Immigration Act, 1999, The Immigration Act, 2003, The Immigration Act, 2004, To fulfil the function of the Minister for Justice, Management of inward migration to the State (Immigration), as designated in the Ministers and Secretaries Act 1924 (as amended).

#### Further processing of your Personal Data:

- 4. Where it is necessary and proportionate to do so, in accordance with the Data Protection Act 2018 and the GDPR, Information we receive from another State agency which may affect your application will be notified to you and you will be given an opportunity to provide an explanation on any adverse information. Further personal data may be requested or received from/provided to other Public Authorities/competent authorities1/ international organisations for the purpose of:
  - a. Verification of data received and the precise legal basis for such processing/information sharing is Section 8(1) and (2) of the Immigration Act, 2003.
  - b. Preventing a threat to national security under the Section 8 of the Immigration Act 2003.
- 5. We may also process your personal data for research or statistical purposes as allowed under the Data Protection Act 2018 and the GDPR.

#### **Security of Personal Data:**

- 6. The personal data provided will be stored securely on Department of Justice IT servers or other as appropriate. It may be shared, where appropriate, with the following third parties:
  - 1. Government departments and agencies,
  - 2. 2. An Garda Síochána,
  - 3. EEA competent authorities,
  - 4. 4. EEA police forces,
  - 5. 3rd parties who have provided documentary evidence by or on behalf of the application, e.g. employers and landlords (with the consent of the data subject),
  - 6. 3rd party service providers in the areas of data handling and storage and in the production of IRP cards.

#### **Contact For Queries:**

7. The contact for any queries in relation to this form is Extension of Visitor Permission, Immigration Service Delivery, PO box 12695, Dublin 2.

#### How long will Personal Data be retained?

8. This data will be stored in accordance with the requirements of the National Archives Act 1986.

#### How to Request a copy of your Personal Data:

- 9. You can request a copy of your personal data by completing a Subject Access Request (SAR) form, available:
- \* at http://www.justice.ie/en/JELR/Pages/Data\_Protection or
- \* from the Data Protection Support and Compliance Office (DPSCO) at the address below.

Forward the completed form by email to subjectaccessrequests@justice.ie or by post to the DoJ Data Protection Officer at the address below. You will be required to verify your identity before the data can be forwarded to you. The time limit for responding to a SAR commences once your identity has been verified.

#### Your Rights in relation to your Personal Data:

- 10. You have the right to rectify any inaccuracies in your data. To do this you should write to The Extension of Visitor Permission, Immigration Service Delivery, PO Box 12695, Dublin 2, documenting the inaccuracies which need to be rectified. The right to rectification is not absolute and each request will be considered on its own merits.
- 11. You have the right, where appropriate, to obtain erasure of your data and/or a restriction on the processing of your data as well as the right to object to the processing of your data. The right to erasure, restriction or objection is not absolute and each request will be considered on its own merits.
- 12. You have the right to lodge a complaint with the Data Protection Commission (DPC). You can contact the DPC by webforms on their website www.dataprotection.ie or by post to:
- 21 Fitzwilliam Square South, Dublin 2, D02 RD28

Further details in relation to your data protection rights can be found in the Department of Justice Data Protection Policy available at:

http://www.justice.ie/en/JELR/Pages/Data Protection

#### Contact the DPO:

You can contact the Data Protection Officer (DPO) for the Department of Justice by post at:

The Data Protection Officer, Department of Justice, 51 St. Stephen's Green, Dublin 2, D02 HK52.

Or by email - dataprotectioncompliance@justice.ie

I acknowledge that I have read and understood the information provided above by the Department of Justice for the purposes of ensuring fair and transparent processing of my personal data.

Name		
Signature	Date	

Section 1	Personal details of the applicant								
In this section, you will nee	ed to provide some personal details about yourself.								
1.1 Surname(s) (as showr	n in passport)								
1.2 Forename(s) (as show	/n in passport)								
<b>1.3</b> Other name(s) (maiden name, name at birth, any other names) by which you are or have been known									
<b>1.4</b> Gender (✓)									
Male	Female Other								
<b>1.5</b> Marital Status (✓)									
Married/Civil Partnership	Single Divorced								
Separated	Widowed								
Other (please give details):									
<b>1.6</b> Date of birth									
D D / M M / Y Y	YY								
1.7 Current address (in the	State)								
1.8 Eircode									

1.9 E-mail address
1.10 Nationality
1.11 Place and Country of Birth
1.12 Phone number (mobile number or landline number)
<b>1.13</b> Have you previously visited the State? ? (✓)
☐ Yes ☐ No
If you answered 'Yes', please provide details including dates:

Section 1 A Pass	nort or traval docum	ent details of applica	nt
Section i A rass	port or traver docum	tiil utlaiis oi appiila	ш

In this section, you will need to provide details of your current passport(s) or other travel documents used to enter the State.

<b>1.14</b> Passport number		
1.15 Date of issue  D D / M M / Y Y	YY	1.16 Date of expiry  D D / M M / Y Y Y Y
<b>1.17</b> Are you from a visa-requ	ired country '	? ( ′ )
Yes	No	
If Yes please provide details of	of the visa used	to enter the State.
1.18 Visa Reference number		
I R L		
<b>1.19</b> Type of Visa (✔)		
С	D-Reside	Other
1.20 Date valid from		1.21 Date valid to
D D / M M / Y Y	YY	D D / M M / Y Y Y
1.22 Did you avail of the Visa	Waiver Program	nme? (✓ )
Yes	No	
If you answered 'Yes', please	e provide further	r details here:

Section 2	Immigration history of applicant	
2.1 What date did you Ireland?	1 <sup>st</sup> enter	2.2 GNIB ID (if you have one)
2.3 How did you enter	the state? (✓)	
Airport	Sea-port Land bo	rder
2.4 What was your sta	tus on arrival in Ireland (✓)	
Uisitor (C Visa)  Entry without permission  Other (please give details):	progra	on Short stay visa waiver mme
2.5 Person ID (if you h	ave one)  2.6 Old D/Justice Ref  6 9  en deported from the State? (✓)  □ No	ference (if you have one)
2.8 Are you currently s	subject to a Deportation or Transfer Order m	ade in Ireland? (✓ )
Yes	☐ No	
If you answered 'Yes	s', please provide further details here:	
<b>2.9</b> Please supply detachild's passport (if app	nils of all children travelling with you? Please licable)?	include a copy of each

## Section 3 Request for extension of visitor permission

In this section you will need to provide some personal details about why you require an extension of visitor permission while you are visiting in the State

ever appli permissio	ral outline of why ed for a "C-visa, n from the Depa tc.? Please give	D-visa or asy rtment of Just	lum in the State ice or the Garda	? Have you	ever obtained a	previous
<b>3 2</b> How n	nuch extra time i	s required? P	lease specify nu	ımber/tick ( 🗸	`)	
	Week(s)		Month(s)		90 days (Max	imum)
<b>3.3</b> Date y	ou intend to lea	ve the State				
D D	/ M M / Y	YYY				
visitor per	s of Financial res mission. Please you have suffici	give further of	letails. Support			
2 E Llove	vou troval in a	noo (which	wore medical	monoos if was	woot in far mand	ical
reasons)	you travel insura (Ƴ)	nice (which co	overs medical ex	penses ii red	uest is for medi	Ical
	Yes		No			

# Section 4 Personal details of sponsor/who you are visiting in the State

In this section you will need to provide some personal details about your sponsor/who you are visiting in the State

4.1	Surr	nam	e(s)	ofs	spor	nsor	(as	sh	own	in p	oass	por	t)								
4.2	Fore	enar	ne(s	s) of	spc	nso	r (a	s sh	owr	in	pass	spor	t)								
4.3	Date	e of	birth	n of	spo	nsoı	r														
D	D	/	VI I	M/	/ Y	Y	Y	Y	,												
4.4	Gen	der	(V)	)																	
		Ма	le						Fem	ale					Oth	er					
4.5	Nati	ona	lity o	of sp	oons	sor															
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4.6	Pho	ne r	num	ber	(mo	bile	nur	nbe	r or	land	lline	nur	nbe	r)							
4.7	E-m	ail a	ddr	ess		П			T	ı	1	ı	Ti Ti				T	П			
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4.9	Stat	us c	of sp	ons	or if	not	Iris	h													
4.10	<b>)</b> Wł	nat i	s the	e cu	ırren	nt sta	atus	of y	our/	spc	onsc	r in	Irela	and	<b>(√)</b>						
	W	orki	ng					St	tudy	ing					Uı	nem	plo	yed			
		ther etails		ease	giv	е															

## **Section 5**

## Criminal declaration of the applicant

### This section deals with possible criminal activity:

- This section asks about any criminal convictions or charges pending against you.
- This section asks about any involvement you may have had in war crimes, genocide, crimes against humanity or terrorism.
- If you fail to answer all of these questions as fully and accurately as possible, your application for extension of visitor permission may be refused.

<b>5.1</b> Have you ever been charged or incomparts have not been tried in court? (✓)	licted in any country with a criminal offence for which you
Yes (give details below) No	
Charge/Indictment No. 1	
Name under which you were charged	
Country where you were charged/indicted	
Type of offence	
Please note, if you have received mult enclose the completed section with this	iple charges/indictments, please photocopy this page and form.
5.2 Have you ever been convicted of a for EACH criminal conviction, starting v	n offence in Ireland or abroad? If yes, please provide details with the most recent one. ( $\checkmark$ )
Yes (give details below) No	
Criminal conviction No. 1	
Name under which you were convicted	
Country where you were convicted	
Type of offence	
Sentence given	
Date sentenced	
Term of imprisonment, if any, in months	
enclose the completed section with this  5.3 Are there, or have there ever been	iple criminal convictions, please photocopy this page and form.  any Court Orders in relation to Family Law matters to ng Order, Care Order, Protection Order or Safety Order
Yes No	
5.4 Have you ever been involved in, su	apported, or encouraged terrorist activities in any country?

Yes	No	
		ed private militia, undertaken any of weapons and/or explosives? (✓)
Yes	No	
<b>5.6</b> Have you ever been a men associated with terrorism? <i>(</i>	mber of, or given support to, an $\checkmark$ )	organisation, which has been
Yes	No	
	time or war time, ever been inversimes against humanity or ge	
Yes	No	
If you answered 'Yes' to any details here or on a separate p	·	<b>7</b> above, please provide further
Government Departments and		na and may be requested from other close any material matter means that ffect this application.
		nd is true to the best of my knowledge. It in the refusal of this application
Signature		

Section 6

#### **Statutory Declaration**

#### Statutory Declaration: Applicant

To be signed and stamped before a solicitor, commissioner of oaths or peace commissioner.

I hereby apply for an extension of my visitor permission. I make the following declaration under the Statutory Declaration Act 1938.

The information I have given is complete and is true to the best of my knowledge. 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 Immigration Service Delivery 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 a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under Section 6 of the Statutory Declarations Act 1938 and shall be liable on summary conviction to a fine or, at the discretion of the court, to imprisonment.

I understand that, under Section 8 of the Immigration Act 2003 the data in this application may be disclosed to other Irish Government Departments, Government Agencies and/or An Garda Síochána for purposes connected with this or any other application. I agree to Immigration Service Delivery making enquiries to confirm any of the details or documents provided by me in this application, including my participation in an interview process.

Signed by applicant	Date						
Declared before me	_ [name in capitals] a [solicitor] [notary public]						
[commissioner for oaths] [peace commissioner] to take and receive statutory declarations by							
Applicant name:	<del></del>						

[who is personally known to me]					
	h a <b>f</b> aua 4h a	4-1-1	of this Dealersties	h 4h. aa.	
[whose identity has been established to me	before the	taking	of this Declaration	by the p	roduction
to me of passports]					
Applicant passport No	Date of i	issue		Issuina	Authority
Applicant pacepoint itel	24.0 0	.000.0		ioouii.g	, ioi ii ioi ii i
Signed by [solicitor] [notary public]					
[commissioner of oaths] [peace commission	ner]		Date		
				/ Y Y	YYY
Stamped by relevant Authority					
Stamped by relevant Authority	othol				
[solicitor] [notary public] [commissioner for c	Jauisj				
[peace commissioner]					

Section 7	Additional Information
Section 1	Additional information

<b>7.1</b> Please provide any other information that you consider relevant to the application. Please be advised that if you are unable to provide any of the information or details requested within the form then please provide an explanation below indicating the reasons why.	

## Section 8 Document checklist

Please provide the following documentation as specified. Decision letters shall issue to you by registered post. Please note that ISD may request further information/documentation during the course of processing the application. **Failure to forward the documentation requested below will result in your application form being deemed incomplete and returned.** 

Document description	
Documents of applicant (all must be provided)	
<b>Copy</b> of applicant's current passport used to enter the State to include your entry stamp into the State	
Detailed Medical Reports (if requested on medical grounds) clearly stating that applicant is unfit for travel	
Evidence of medical insurance (travel insurance to cover period of extension will suffice)	
Evidence of funds available to support yourself while in the State	
Contact Details	
Contact address in the State	
Contact phone number in the State	
Contact e-mail	
Sponsors contact address, telephone number and e-mail	