

EUTR4

Request for review of a decision to refuse an EU Treaty Rights application or a decision to revoke a previously obtained EU Treaty Rights permission

Who is this form for?

You should use this application form if:

- You want to review a decision made on an EUTR1, EUTR1A, EUCC, EUTR2, EUTR3 or EUTR5 application made by you which was refused; **or**
- You want to review a decision that revoked your residence card/document or permission to remain;

and

You believe the decision maker on your application made an error in fact or law.

How to complete this form:

- You must complete a separate application for each negative decision you want reviewed.
- You must complete this form in CAPITAL letters
- You must place a tick (✓) in the boxes that are relevant to you
- You must complete all sections of this form which are relevant to you in full
- You must submit photocopies of supporting documents for each application
- You must complete the checklist on pages 27 to 29 for each application
- You, the applicant, must sign and date the Declaration on page 25
- The EEA national must sign and date the Declaration on page 26 except if you, the applicant, is seeking a review of a decision made on an EUTR5 (retention) application
- If you or the EEA national are unable to provide any of the information requested at this time, please explain the reason in writing and enclose with this application.
- You must send your completed application form and any supporting documents you wish to provide to the address below

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

•	Your application may be delayed if you do not send it to the address listed above
•	We recommend you send your application by Registered Post If you choose to send your application by registered post you can track it on the An Post website, www.anpost.ie
Wa	arning:
If y	rou have a change in circumstances while your application is being processed, for example: If you change your personal details (your name, nationality, relationship status etc.) If your contact details change (your address, phone number, name of legal representative etc.) If there is a change in other circumstances (your EEA national family member leaves Ireland etc.), you must inform the Review Unit, EU Treaty Rights Division immediately and provide any relevant supporting documentation.

Data privacy notice

Introduction

1. The data you provide is collected by EU Treaty Rights Division in Immigration Service Delivery (ISD), a Business Unit of the Department of Justice (DoJ). The data controller for the information you provide is the Department of Justice and the data controller's contact details are:

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

How will your personal data be used?

- 2. We may use the personal data you provide in your application for the purpose of:
 - assessing your entitlement or continued entitlement to reside in the State as the family member of the EEA national named in your application, or
 - assessing your entitlement or continued entitlement to reside in the State as the family member of the UK national named in your application, or
 - assessing your entitlement or continued entitlement to permanent residence in the State as an EEA national,
 - assessing your entitlement or continued entitlement to permanent residence in the State as a UK national.

Legal Basis for processing your Personal Data

 Our legal basis for collecting and processing this data is in accordance with Section 8 of the Immigration Act 2003 and to fulfil the function of the Minister for Justice in relation to asylum, immigration (including visas) and citizenship matters 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, further personal data may be requested or received from/provided to other Public

Authorities/competent authorities/international organisations for the purpose of:

- Verification of the data received under Directive 2004/38/EC, Regulation 26 of the EC (Free movement of Persons) Regulations 2015 as amended, EU (Withdrawal Agreement) (Citizens' Rights) Regulations 2020, section 3 of the Immigration Act 1999.
 - Section 8(1) and 8(2) of the Immigration Act 2003, section 4 of Immigration Act 2004,
- Work Permit application for non-EEA nationals in accordance with Section 37 of the Employment Permits Act 2006;
- Processing applications for residence Section 261(2) of the Social Welfare Consolidation
 Act and Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2020;
- Section 41 of the 2018 Act.
- 5. We may also process your personal data for research or statistical purposes as allowed under the Data Protection Act 2018 and the GDPR.

A competent authority means:

A public authority competent for the prevention, investigation, detection or prosecution of criminal offences or the execution of criminal penalties in the State, including the safeguarding against, and the prevention of, threats to public security, or any other body or entity authorised by law to exercise public authority and public powers for the purposes of the prevention, investigation, detection or prosecution of criminal offences or the execution of criminal penalties in the State, including the safeguarding against, and the prevention of, threats to public security.

Security of Personal Data

- 6. The personal data provided will be stored securely on DoJ servers. It may be shared, where appropriate, with the following third parties:
 - Government Departments and agencies
 - An Garda Síochána
 - EEA competent authorities
 - EEA police forces
 - UK competent authorities
 - Individuals with your consent for example, employer, landlord
 - Service providers of the DoJ, for example, data handling and storage providers, producer of Residence Card/Residence Document/Irish Residence Permit.

Contact for Queries

7. The contact for any queries in relation to this form is EU Treaty Rights Division, Immigration

Service Delivery, Department of Justice, 13/14 Burgh Quay, Dublin 2, D02 XK70.

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 <u>subjectaccessrequests@justice.ie</u> 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 Data Steward, EU Treaty Rights Division, Immigration Service Delivery, Department of Justice, 13/14 Burgh Quay, Dublin 2, D02 XK70, 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:
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 outlined above, which relates to
my data protection rights.
Name (Applicant)
Signature (Applicant) Date
Name of Parent/Guardian if applicant is under 18
Signature of Parent/Guardian Date
Name (EEA national)
Signature (EEA national) Date

Section 1 Decision to be reviewed

This section looks for details of the decision that you want to have reviewed

1.1 Application ID number	1.2 Refusal or revocation decision date
	D D / M M / Y Y Y
	Day Month Year
1.3 Person ID Number	
1.4 Decision being reviewed (✓)	
5	
EUTR1A – Permitted Family Member Asses	ssment
EUTR1 – Residence Card/Document	
EUTR2 – Permanent Residence Certificate/	Document
EUTR3 – Permanent Residence Card/Docu	
EUTR5 – Retention of a Residence Card/Do	ocument
EUCC – Parent of an EU Citizen Child	
Revocation of a Residence Card/Permission	า
1.5 What is your relationship to the EEA national (if other	er dive details) (√)
Spouse / Civil Dertner (De Feete)	y give detaile) (*)
Partner (De Facto)	Parent Child
Aunt/Uncle Sister/Brother N	liece/Nephew Cousin
Other (please specify)	

S	ectio	on 2		A	ppli	can	t De	etail	s															
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2.8	Wh	nat is	you	ır re	latic	nsh	ip s	tatu	s? (√)														
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2.9	Na	tiona	ality																					

2.10 Passport number	
2.11 Current residential address in Ireland	
2.12 Address Eircode 2.13 Contact telephone number of applicant	
2.14 Email address	
2.15 How many family members live with you in your current family unit?	
2.16 PPS number (if you have one) 2.17 Date PPS number was issued	

3.1 Surname/Family Name (as shown in passport) **3.2** Forename(s) (as shown in passport) 3.3 Other name(s) (maiden name, name at birth, any other names) by which you are or have been known 3.4 If you have been known by any other name(s), what dates did you use this/these names? **3.5** If you changed your name, why did you change it? (✓) Marriage/Civil Divorce Other Partnership. If "other" please explain 3.6 Date of birth 3.7 Gender (✓) Year Male Female Other Day Month 3.8 Nationality 3.9 Passport number 3.10 Current residential address in Ireland 3.11 Address Eircode 3.12 Contact telephone number of EEA national

Section 3

Details of EEA national

3.13 Email address		
3.14 PPS number (if you have one) DDD/MM/M/	was issued	
3.16 Please provide details of all overseas destinations to which you travelled since moving to Ireland, the reasons for your travel and overseas.	(the EEA nation I the dates you	onal) have u travelled
Destination and reason	Date from	Date to

Section 4 EEA national's current activity in Ireland

This section asks for details on your current activity in Ireland. The section is divided into five parts. Please only complete the section that is relevant to you. For example, if you are employed, you should complete Section 4A.

4.4 Di	directs the time of activity (()									
4.1 Please in	dicate the type of activity (🗸)									
	Employment – Complete Section 4A									
	Self-employment – Complete Section 4B									
	Study – Complete Section 4C									
	Involuntary Unemployment – Complete Section 4D									
	Sufficient Resources – Complete Section 4E									
Section 4A	For an EEA national who is in employment									
submit a fully o	section if you are currently working for an employer. Please note, you must also completed Employer Declaration in addition to the required employment h this application. This declaration is set out in Appendix 'A' of this application									
4.2 Name of e	nployer									
4.3 Contact na	me of Manager or HR Department									
-10 Contact na										
4.4 Email addr	ess of employer									
4.5 Contact tel	ephone number of employer									

4.6	S W	ork	plac	e a	ıddı	res	S																				
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Section 4B For an EEA national who is self-employed

Complete this section if you are a self-employed EEA national

4.12 Name of bu	siness										
4.13 Class of sel	1.13 Class of self-employment (If other give details) (✓)										
Sole Trader											
Other											
4.14 Type of bus	siness (e.g. ser	vices offered,	products ma	de/sold)							
4.15 Address of	business										
4.16 Business E	ircode										
4.17 Contact tele	ephone numbe	r of business									
4.18 Email addre	ess of business	3									
4.19 Website ad	dress for the b	usiness if appl	licable								
4.20 How do you	ı (the EEA nati	onal) advertise	e the busines	ss?							

4.21 Date business started trading	4.22 Number of employees
D D / M M / Y Y Y	
4.23 Date business was registered with Companies Registration Office	4.24 CRO Registration certificate number, if applicable
D D / M M / Y Y Y	
4.25 Date you registered with Revenue for self-assessment	4.26 Has a P35 return or equivalent return been made for the business? (✓)
D D / M M / Y Y Y Y	☐ Yes ☐ No
4.27 Date on which tax returns are due	4.28 Do you pay PRSI? (✓)
D D / M M / Y Y Y Y	☐ Yes ☐ No
4.29 Is the business registered for VAT? (✓)	4.30 Name of accountant/tax advisor, if applicable
Yes No	
4.31 Are you, the EEA national, a dir	rector of the company in which you are self-employed? (✓)
Yes 4.31 Are you, the EEA national, a dir	rector of the company in which you are self-employed? (✓) No
	□ No
Yes4.31b If yes, do you pay PAYE? (✓)	□ No
Yes4.31b If yes, do you pay PAYE? (✓)4.32 What is your role (the EEA nation)	No Yes No
Yes4.31b If yes, do you pay PAYE? (✓)4.32 What is your role (the EEA nation)	No No No
Yes4.31b If yes, do you pay PAYE? (✓)4.32 What is your role (the EEA nation)	No Yes No
Yes4.31b If yes, do you pay PAYE? (✓)4.32 What is your role (the EEA nation)	No Yes No
 Yes 4.31b If yes, do you pay PAYE? (✓) 4.32 What is your role (the EEA nation month? 4.33 Monthly operating costs 	No Yes No Onal) in the business and how many hours are worked per 4.34 Monthly net income
 Yes 4.31b If yes, do you pay PAYE? (✓) 4.32 What is your role (the EEA nation month? 	No Yes No Onal) in the business and how many hours are worked per
 Yes 4.31b If yes, do you pay PAYE? (✓) 4.32 What is your role (the EEA nation month? 4.33 Monthly operating costs € 4.35 Are you (the EEA national) now or companies in the State (✓). I 	No Yes No Onal) in the business and how many hours are worked per 4.34 Monthly net income
 Yes 4.31b If yes, do you pay PAYE? (✓) 4.32 What is your role (the EEA nation month? 4.33 Monthly operating costs € 4.35 Are you (the EEA national) now or companies in the State (✓). I details below. 	No Yes No Onal) in the business and how many hours are worked per 4.34 Monthly net income €
 Yes 4.31b If yes, do you pay PAYE? (✓) 4.32 What is your role (the EEA nation month? 4.33 Monthly operating costs € 4.35 Are you (the EEA national) now or companies in the State (✓). I 	No Yes No Onal) in the business and how many hours are worked per 4.34 Monthly net income €
 Yes 4.31b If yes, do you pay PAYE? (✓) 4.32 What is your role (the EEA nation month? 4.33 Monthly operating costs € 4.35 Are you (the EEA national) now or companies in the State (✓). I details below. 	No Yes No Onal) in the business and how many hours are worked per 4.34 Monthly net income €
 Yes 4.31b If yes, do you pay PAYE? (✓) 4.32 What is your role (the EEA nation month? 4.33 Monthly operating costs € 4.35 Are you (the EEA national) now or companies in the State (✓). I details below. 	No Yes No Onal) in the business and how many hours are worked per 4.34 Monthly net income €

Section 4C

For an EEA national who is studying

Complete this section if you are undertaking a course of study in Ireland.

4.3	6 N	lam	ne c	f coll	ege/	inst	itut	ion																			
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employment, self-empl often (e.g. weekly, mor	oyment or rental property). State othly, annually).	how much you receive and how
Source of income	How much you receive (€)	How often do you receive it?
4.48 Method of payment (i.e	e. cash, bank transfer etc.)	
4.49 Name of the person(s)	providing financial support, if app	licable
4.50 Do you have compreher residing with you in Ire	ensive private medical insurance folland? (✓)	or yourself and your dependents
Yes (give details below)	No	
Insurance provider -		
Name of plan and policy number -		
When did the plan commence? -		
Evidence of payment -		

4.47 Please provide details of your financial resources (for example. unemployment/social assistance, savings, scholarship, bursary, income from relative or friend, income from

Section 4D For an EEA national who is involuntarily unemployed

If you, the EEA national, are temporarily unable to pursue work, please give details below.

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	Y	es/					lo										Y	es				No)						

4.62 If you are in receip	t of any payments from	n DSP, please provide d	letails below.
Type of pa	yment(s)	Date payments started	Amount you receive weekly (€)
Section 4E	For an EEA nate	tional who is residi	ng with sufficient
•	,	•	ncial resources available
so as not to become a f	nancial burden on the	State.	
4.63 Date you (the EEA resided in the State	•		
resources	y with damoletic		
D D / M M / Y	YYY		
4.64 Source of income	if other give details) (*	()	
Pension	Stocks/Share	s etc Third part	y funds Savings
Other			
4.65 Are you (the EEA ւ	national) receiving any	State funds from this or	r any other State? (✓)
Yes (give details b	pelow) No		
	· · · · · · · · · · · · · · · · · · ·		
L			
4.66 Name of person w	no owns the funds ava	ilable to you, the EEA n	ational, their relationship
to you and their cu	rrent place of residenc	e, if applicable	
4.67 Amount of funds			
available.to you			
€			

4.68 If funds are from a third party or ot provide details below	ther source not covered	I in questions	s above, please
Method of payment	Regularity of payr	ments A	Amount you receive (€)
4.69 Monthly living expenses of you (th	e EEA national) and yo	ur depender	nts
Expenditure		Amou	ınt (€)
Rent/Mortgage			
Gas			
Electricity			
Phone			
Food			
Clothing			
Medical Care			
Travel expenses			
Other			
	,		
4.70 Do you have comprehensive priva residing with you in Ireland? (✓)	te medical insurance fo	or yourself ar	nd your dependents
Yes (give details below))		
Insurance provider -			
Name of plan and policy number -			
When did the plan commence? -			
Evidence of payment -			

5.1 Tick the box or boxes relevant to the decision (\checkmark) and complete the relevant section(s) The decision maker erred in fact (Section 5A) The decision maker erred in law (Section 5B) The decision maker failed to consider information supplied (Section 5C) Original decision correct, but new circumstances not considered (Section 5D) I failed to keep Immigration Service Delivery updated of my activities (Section 5E) Section 5A 5.2 Please outline exactly where you believe the decision maker erred in fact 5.3 Please outline any other information which you think is important in relation to your Decision Section 5B 5.4 Please outline exactly where you believe the decision maker erred in law 5.5 Please outline any other information which you think is important in relation to your Decision

Section 5

Why are you seeking a Review

Section 5C
5.6 Please outline exactly what information you believe the decision maker failed to consider
5.7 Please outline any other information which you think is important in relation to your Decision
Section 5D
5.8 Please outline exactly how either your (or the EEA national) circumstances have changed
5.9 Please outline why this change in circumstances was not communicated to EU Treaty Rights Division
Section 5E
5.10 Please outline the change in either your activities or those of the EEA national

11 Please outline w Division	hy this change in activitie	s was not o	communicated	to EU T	reaty Rights
ection 6 Add	itional Information				
	all countries you have vis ction and submit it with th		last 10 years. I	f necess	sary,
Country	Date of Travel	Reaso	on for visit	Len	gth of stay
	l addresses where you an				both in Irelar
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7.1 Name of Soi	IICIOI				
7.2 Address of s	solicitor				
7.3 Address Eir	rcode				
7.4 Authorisatio	n by applicant				
	authorise the aforemen this review application		epresentative t	to act on my b	ehalf for matters
rolating to	Time review application	· ()·			
Signed by app	licant				
Date					
DD/MN	M / Y Y Y Y				
7.5 Authorisatio	on by EEA national				
	authorise the aforemen	ntioned legal re	epresentative t	to act on my b	ehalf for matters
	this review application			·	
Signed by EEA	\ national				
	· indional				
Date /					
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Applicant's Declaration

You (the applicant) must read the declaration below and sign it. It must be signed by you and not by a representative or other person acting on your behalf. If you are under 18, your parent or guardian may sign it.

Warning: If you do not submit a signed declaration, your form will be returned to you.

I hereby request a review of my previous EU Treaty Rights decision. 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 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, to a fine not exceeding €5,000 or to a term of imprisonment not exceeding 12 months, or both.

Name of Applicant (BLOCK CAPITALS)

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EEA national's Declaration

You (the EEA national) must read the declaration below and sign it. It must be signed by you and not by a representative or other person acting on your behalf. If you are under 18, your parent or guardian may sign it.

Warning: If you, the EEA national, do not submit a signed declaration, the form will be returned to the applicant.

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 this review application is decided, there is a material change in my circumstances or new information relevant to this review 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 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, to a fine not exceeding €5,000 or to a term of imprisonment not exceeding 12 months, or both.

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Additional documentation checklist

- Please complete this checklist to show what documents you are providing with your application
- If you do not submit evidence to show that you qualify for a residence card, your application may be refused
- If you wish to send any documents that are not in English, you must get the document translated by a qualified professional translator. The translator must confirm in writing on the translation:
 - ✓ that the translation is a true and accurate translation of the original document
 - ✓ the date of the translation
 - ✓ the full name and contact details of the translator or representative of the translation company
- Immigration Service Delivery will not provide written correspondence acknowledging each document you submit with this application

	<u>Description</u>	Tick if you have submitted	Number of pages	For Official Use
	Identity documents	(✓)		
1.	Passport of the applicant (all pages)			
2.	Passport/National Identity Card of the EEA national (all pages)			
3.	2 passport photos for both the applicant and the EEA national			
	Residency documents if renting			
4.	Tenancy Agreement			
5.	Letter from landlord/letting agent including contact details			
6.	Letter from local authority/County Council			
7.	Utility bills in your name and the EEA national's name			
8.	Bank statements			
9.	Evidence of rent payments			
	Residency documents if a home owner			
10.	Title or Deeds as applicable			
11.	Letter from Mortgage Provider/Local authority/County Council			
12.	Utility bills in your name and the EEA national's name			

	Residency documents if living with a home owner	(✓)	
13.	Evidence of home ownership, e.g. title deeds/letter from mortgage provider		
14.	Utility bills in the home owner's name		
15.	Letter from the home owner confirming your and the EEA national's residency there		
	Residency documents if you are living with a tenant	(√)	
16.	Tenancy agreement in the tenant's name		
17.	Letter from the tenant confirming the residence of you and the EEA national including contact details		
18.	Letter from landlord confirming the residence of you and the EEA national including contact details		
19.	Utility bills in the tenant's name		
	Evidence of Relationship	(√)	
20.	Civil marriage certificate		
21.	Recognised civil partnership certificate		
22.	Birth certificate		
23.	Evidence of Guardianship/Custody Papers/ Adoption Papers		
24.	Copy of any previously held residency card		
	Evidence of dependency or membership of household	(✓)	
25.			
26.			
27.			
28.			
29.			
	Evidence of exercise of rights	(√)	
30.			
31.			
32.			
33.			
34.			

	Any other documents you have submitted in this application	(✓)	
35.			
36.			
37.			
38.			
39.			
40.			

Appendix A

EEA national's declaration of employment

- This section asks about the EEA national's employment
- Please give details of your employer below
- If you have more than one employment, you should copy Appendix A and B, complete for every employment and enclose with the application
- Please also provide proof of your income or salary
- Wage slips for the last 3 months and bank statements showing receipt of income should be provided
- Please complete the checklist on pages 27 to 29
- Immigration Service Delivery may contact your employer to verify the information you provided

A2 Type of business (e.g. services offered, products made/sold)	
A2 Type of business (e.g. services offered, products made/sold)	
A2 Type of business (e.g. services offered, products made/sold)	
A3 Address of business	
A4 Business Eircode A5 Contact telephone number for employer	
A6 What date did you start your employment with the business?	
A7 How many hours per week do you work on average?	
The Heart many means per week de yeu wenk en average.	
A8 Salary/Wages A9 Frequency of payment (✓)	
€ Weekly Monthly Annually	,

A10 Please indicate what type of en	nployment this is (✓)	
Permanent full time	Part time	Temporary
If you answered Temporary, pleasured expected duration of the contra		

Appendix B Employers Declaration

- This section must be completed in full and submitted with your application form and should be stamped where applicable.
- It must be signed and dated by your employer/s
- Immigration Service Delivery may contact your employer to verify the information provided

B1 Name of business or company																											
	_									_			_														
B2 Type of business (e.g. services offered, products made/sold)																											
B3 Address of business																											
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B4	B4 Business Eircode B5 Contact telephone number for business																										
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B6 What date did this person start their employment with the business?																											
D	D D / M M / Y Y Y Y																										
B7 How many hours per week does this person work on average																											
B8 Please indicate what type of employment this is (✓)																											
20 Floade maidate what type of employment this is (*)																											
Permanent full time Part time Temporary																											
BS	B9 Salary/Wages B10 Frequency of payment (✓)																										
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B11 Method of Payment (✓)	
Cash Cheque	EFT (electronic funds transfer) Other (Please explain below)
B12 Name (employer or authorised per	rson) (BLOCK CAPITALS)
B13 Position held in the company (BLC	OCK CAPITALS)
I can confirm that	(name of employee) has been, and
is currently, employed by	(name of company) as set out
above.	
B14 Signature (employer or authorised	person)
B15 Date	B16 Company stamp or seal (If you do not have one, please state "None")
D D / M M / Y Y Y Y	