

EUTR5

Application for Retention of a Residence for non-EEA national family member of an EEA national

Who is this form for?

You should use this application form if:

- You were previously granted five year residence (EUTR1) as the non-EEA national family member of an EEA national under the European Communities (Free Movement of Persons) Regulations 2015, as amended, or the European Union (Withdrawal Agreement) (Citizens' Rights) Regulations 2020 and you wish to retain your residence on an individual and personal basis, for one of the reasons below:
 - A. Category A Your EEA national family member has died.
 - B. Category B Your EEA national family member has died or departed the State <u>and</u> you have custody of the children of the EEA national who are in education in the State.
 - C. Category C Your marriage or civil partnership to the EEA national has legally ended in divorce, annulment or dissolution.

Proof of residence in the State at the time of death or departure of the EEA national or at time of divorce, annulment or dissolution

- Under Category A, you <u>and</u> the EEA national must have been living in the State for at least one year before the EEA national died
- Under Category B, you <u>and</u> the EEA national must have been living in the State at the date of death or departure of the EEA national from the State
- Under Category C, you <u>and</u> the EEA national must have been living in the State at the date legal proceedings began to end your marriage or civil partnership

How to complete this form:

- You must complete a separate application for each non-EEA family member, including each child under 18 years of age
- If you are submitting an application for retention of rights previously granted to you as a family member of a United Kingdom national, references to EEA national in Form EUTR5 shall be deemed to also apply to the United Kingdom national
- You must complete this form in CAPITAL letters and in **black** ink
- You must place a tick (\checkmark) 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 set out in Section 6 for each application
- You, the applicant, must sign and date the Declaration set out in Section 7 on page 33, at the end of this form

You must send your completed application form together with supporting documents by post to the address below:

Retention of rights 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 by post 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, <u>www.anpost.ie</u>

Warning:

If you have a change in circumstances while your application is being processed, for example:

- If you change your personal details (your name, your nationality, etc.)
- If your contact details change (your address or representative etc.)
- If there is a change in other circumstances (the children of the EEA national leave Ireland etc.)

You must inform this office 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

3. 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 the prevention 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

 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 <u>www.dataprotection.ie</u> 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://w	ww.justice.ie/en/JELR/Pages/Data_	Protection
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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 _____

Date		

Applicant's personal details

1.1 Surname/Family Name (as shown	in passport)
1.2 Forename(s) (as shown in passpo	nrt)
1.3 Other name(s) (maiden name, name, name) been known	me at birth, any other names) by which you are or have
1.4 Date of birth	1.5 Gender (\checkmark)
D D / M M / Y Y Y Y	Male Female Other
1.6 Nationality	
1.7 Current home address in Ireland	
1.8 Address Eircode	1.9 Contact telephone number
1.10 Email address	
1 11 DDS number (if known)	1.12 Person I.D Number
1.11 PPS number (if known)	(if you have one)

Applicant's previous residence in the State

1.13 On wha	at date di	d you fi	rst arriv	e in th	e State
	и м /	ΥΥ	ΥΥ		
1.14 Origina	al EU Trea	aty Rigł	nts Appl	icatior	n ID Number
			E	UΤ	R
1.15 Period	of validity	/ of 5 ye	ear resid	dence	card from:
	и м /	ΥY	ΥY		

1.16 Period of validity of 5 year residence card to:

DD	/	\mathbb{N}	\mathbb{N}	/	Y	Y	Y	Y
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Section 1C

Applicant's Relationship to EEA National

1.17 How were you related to the EEA national when you were approved your original 5 year residence card? Please tick relevant box (\checkmark)

Spouse
Recognised Civil Partner
De Facto Partner
 Child or grandchild aged under 21 years of the EEA national or of the EEA national's spouse or Recognised Civil Partner Dependent child or grandchild aged 21 years or over of the EEA national or of the EEA national's spouse or Recognised Civil Partner Dependent parent or grandparent of the EEA national or their spouse or Recognised Civil Partner
Permitted Family Member - please specify e.g. Brother, Sister, Aunt, Uncle etc.
Other – if none of the above categories apply, please specify

Section 1D Applicant's Personal History

- This section asks about any criminal convictions you have.
- 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 a residence card may be refused
- Please note, if you have received more than three convictions, charges or indictments you should photocopy the appropriate section, fill it in and return it with this application.

Warning

It is an offence under Regulation 30 of the European Communities (Free Movement of Persons) Regulations 2015 and under Regulation 21 of the European Union (Withdrawal Agreement) (Citizens' Rights) Regulations 2020 to make a statement that you know to be false or misleading.

1.18 Have you ever been charged or indicted in Ireland or in any other country with a criminal offence for which you have not been tried in court? (\checkmark)

No

Yes (give details below)

Charge/Indictment No. 1	
Name under which you were charged/indicted	
Country where you were charged/indicted	
Type of offence	

Charge/Indictment No. 2	
Name under which you were charged/indicted	
Country where you were charged/indicted	
Type of offence	

Charge/Indictment No. 3	
Name under which you were charged/indicted	
Country where you were charged/indicted	
Type of offence	

1.19 Have you ever been convicted of an offence in Ireland or in any other country (✓) If yes, please provide details for EACH criminal conviction, starting with the most recent one.

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	
Criminal conviction No. 2	
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	
Criminal conviction No. 3	
Name under which you were convicted	
Country where you were convicted	
Type of offence	
Sentence given	
Date sentenced	

1.20a Are you now, or have you ever been required to comply with conditions following release from prison? (\checkmark) (for example a period of probation or restricted licence)

Yes (give details below)	No 🗌
Type of condition imposed	
Date condition started	
Term of condition (date of expiry)	

1.20b Did you comply, or are you in compliance with the imposed conditions or restrictions? (\checkmark)

Yes

Term of imprisonment, if any, in months

No 🔄

1.21 Have you ever been a member of, or given support to, an organisation, which has been linked with terrorism? (✓)
Yes (give details below) No
1.22 Have you, in either peace time or war time, ever been involved in, or been suspected of being involved in, war crimes, crimes against humanity or genocide? (✓)
Yes (give details below) No
1.22 Hove you over been involved in supported, or appourged to remark activities in serve
1.23 Have you ever been involved in, supported, or encouraged terrorist activities in any country? (✓)
Yes (give details below) No
1.24 Have you ever served in a military force or State-sponsored private militia, undertaken any military or paramilitary training, or been trained in the use of weapons or explosives? (✓)
Yes (give details below) No
1.25 Have you ever been deported/removed from Ireland or from any other country? (\checkmark)
Yes (give details below) No
Date of Deportation/Removal
Country deported/removed from
Country deported/removed to

1.26 Are you, or have you ever been, subject to a deportation, exclusion or removal order in Ireland or in any other country? (✓)

Yes (give details be	low) No
Type of order	
Date of order	
Status of order	

1.27 Have you ever been denied permission to enter or remain in any other country? (\checkmark)

Yes (give details be	low) No		
Type of permission denied			
Name of Country			

1.28 Provide details of all countries you have visited in the last 10 years. If necessary, photocopy this section and submit with this application

<u>Country</u>	Date of Travel	Reason for visit	Length of stay

EEA national's personal details

Z . I	Sur	nam	e/Fa	amil	y Na	ame	e (as	sho	wn	in p	ass	port)												
2.2	For	enar	ne(s	s) (a	ıs sł	NOW	n in	pas	spo	rt)														
2.3	Oth or w				(ma	ider	n nai	me,	nan	ne a	at bir	th, a	iny d	othe	er na	ame	s) b	y wh	hich	the	EE	A na	atior	al is
2.4	Dat	e of	birth	۱						2.5	5 Ge	ndei	· (✓))										
D	D]/[M	M	/ Y	Y	Y	Y				Μ	ale				F	ema	le			0	ther	
2.6	PPS	S nu	mbe	er (if	kno	own))]			2.7	Pei	rsor	n I.D	Nu	mbe	er (if	kno	own))			
	PPS Nati			er (if	kno	own))]			2.7	Pei	rsor	I.D	Nu	mbe	er (if	kno	own)				
				er (if	kno	own)]			2.7	Pei	rsor	1.D	Nu	mbe	er (if	kno	own)				
2.8		iona	lity)]			2.7	Pei	sor	n I.D	Nu	mbe	er (if	kno	own)				
2.8	Nat	iona	lity									2.7		rsor		Nu		er (if	kno	own)				
2.8	Nat	iona	lity									2.7	Per	sor		Nu		er (if		wn)				

Α

В

С

3.1 Please select the category on which you applying for retention: (\checkmark)

Death of the EEA national and where both you and the EEA national lived in the State for at least one year at the time of the EEA national's death

Death or Departure of the EEA national from the State and where you have custody of children of the EEA national who are in education in the State

Divorce or annulment of marriage to the EEA national, or annulment or dissolution of civil partnership with the EEA national

3.2 Please also provide details of any other family members who are applying to retain a right of residence on the basis they are the family member of the EEA national

Name of family member 1	
Date of birth	
Place of birth	
How long have they lived in the State	
Relationship to the EEA national	
Relationship to you	
Name of family member 2	
Date of birth	
Place of birth	
How long have they lived in the State	
Relationship to the EEA national	
Relationship to you	

If there are more than two family members, make a copy of this page and enclose with your application

In all cases, you must submit the relevant evidence listed in Section 6 with your application.

Please only fill out the section of the form which corresponds to you

	Death of the State																	l liv	ed	in
3.3 Date of death o	of EEA nat	ional Y Y				3.4	l Pla	ace	e of	De	ath	1								
3.5 How long had y date of the EEA na			n the S	State	e as	the	e far	nil	y m	em	bei	r of	the	EE	EA I	nati	ona	al at	: the	Э
YY/MM																				
3.6 Did you reside	in the Sta	te for a	it leas	t one	e ye	ear	prio	r to	o th	e d	leat	h o	f th	еE	EA	na	tior	nal?	(√))
Yes		Nc)																	
3.7 If you answered	d 'No' to q	uestio	า 3.6 ส	abov	ve, p	olea	se	giv	'e d	eta	ils									
				-								_								
3.8 Was the EEA r	ational re	siding		Stat	e fo	or at	t lea	ast	on	e ye	ear	prio	or to	o th	e d	leat	h?	(✓)		
3.9 If No, please gi	ve date of	depar	ture:																	
	/ Y Y	ΥY																		
3.10 If you answere departed the states				3, ple	ease	e gi	ive I	rea	ISOI	ns a	as t	o w	'hy '	the	EE	EA r	nati	ona	I	
3.11 Please give th	ne last kno	wn ad	dress	of th	ne E	EA	na	tio	nal	at t	the	dat	e o	f de	eath	1				

3.12 If other members of your family are applying in this category, please list them below and state how long they had been living in the State when the EEA national family member died

I	Name of family member	Number of years living in the State

If you are applying under Category A please proceed to Section 4 of the application form.

Category	B: EEA national has d children of the EEA							
3.13 If the EEA national has died, please state the date of death 3.14 Place of Death D D M M Y Y Y								
3.15 If the E	EA national has left Stat	e, what date	e did they leav	ve?:				
3.16 How m	any children have you cu	ustody of?						
Please give o	details of each minor child o	of the EEA na	ational of whom	n you have cust	ody in the State			
	Forename(s) of child	<u>Surnam</u>	e of Child	Date of Birth	Nationality			
Child 1								
<u>Child 2</u>								

If there are more than three children, make a copy of this page and enclose with your application

Child 3

3.17 How long have you had custody of the relevant child or children?

YY/MM	
3.18 Please confirm the basis of cu	istody of the minor children of the EEA national: (\checkmark)
By agreement with the EEA n	ational
By court Order	
Other	
If other, please specify:	
	e EEA national enrolled in education in the State: (\checkmark)
)
3.20 If Yes, how many children	
3.21 Was the child/children in educ State? (✓)	ation in the State at the time the EEA national died or left the
)
3.22 Is the child/children currently i	n education in the State? (\checkmark)
)
•	child that is currently in education in the State. If there are se photocopy this section and include it with your application
Full Name of child (1)	
Name and address of School/College	
Contact email address and phone number of School/College	
Date of enrolment or dates attended (from and to)	

Full Name of child (2)	
Name and address of School/College	
Contact email address and phone number of School/College	
Date of enrolment or dates attended (from and to)	

Full Name of child (3)	
Name and address of School/College	
Contact email address and phone number of School/College	
Date of enrolment or dates attended (from and to)	

If you are applying under Category B please proceed to Section 4 of the application form.

Category C: Marriage or civil partnership ended by divorce, annulment or dissolution

3.24 Please confirm if you, the applicant, are: (\checkmark)



The former spouse or civil partner of the EEA national

ii A member of the family of the former spouse or civil partner of the EEA national

3.25 If you have ticked, 'ii', please give the EEA national's details below:

Full Name	
Date of birth	
Nationality	
Relationship to you	

3.26 Date of marriage/civil partnership



3.27	3.27 Place of marriage/civil partnership:																							

3.28 Date legal proceedings began to end the marriage or civil partnership



3.29 Country/Court/Authority where legal proceedings began

3.30 Date of decree of divorce, nullity or dissolution



3.31 Country/Court/Authority that granted decree, annulment or dissolution

3.32 Please select the category that applies to you (\checkmark)

Category C(1)

Marriage/Civil Partnership lasted three years with one year in the State before divorce

Category C(2)

Custody of or right of access to the child or children of the EEA national following divorce

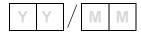
Category C(1) - Marriage/Civil Partnership lasted three years with one year in the State before divorce

3.33 Did the marriage or civil partnership last at least three years, including one year in the State? (✓)

Yes		No
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Details of the EEA national's residence in the State at the time of divorce, annulment or dissolution:

3.34 How long did the EEA national reside in the State prior to the initiation of divorce, annulment or dissolution of marriage or civil partnership?



3.35 How long did the marriage last prior to the initiation of divorce, annulment or dissolution of marriage or civil partnership?

Total	tal Y M M W Y M M 6 Was the EEA national living in the State at the date of initiation of divorce, annulment or dissolution proceedings? (~) Yes No No Not known 87 If yes, what were the EEA national's activities in the State at the date of initiation of divorce, annulment or dissolution proceedings? 88 Is the EEA national still living in the State? (~)													
YY/N	I M	Y Y /	MM											
		-	he date of initiation of divorce, annulment of	r										
Yes		No	Not known											
-														
3.38 Is the E	EA national still I	iving in the State? (•	√)											
Yes		No	Not known											
3.39 If 'Yes',	please provide t	ne EEA national's cu	urrent address											

3.40 If no, what date did the EEA national leave the State?
DD/MM/YYYY
3.41 Please give reasons as to why the EEA national left the State (if applicable)
Details of Applicant's residence in the State:
3.42 Were you living in the State at the date of initiation of divorce, annulment or dissolution? (✓)
Yes No
3.43 If No, how long had you been living in the State up to the date of initiation of divorce proceedings?
YY/MM
If you are applying under Category C(1) – Please proceed to Section 4 of the application.
Category C(2) - Custody of or right of access to the child or children of the EEA national
Details of legal system which to of second to minor shild or shildren of the EEA notional
Details of legal custody/rights of access to minor child or children of the EEA national
3.44 Please state the number of minor children of the EEA national of whom you have custody of in the State
3.45 Please state the number of minor children of the EEA national of whom you have a right of access to
3.46 Please state the basis of legal custody or right of access to the minor children of the EEA national: (✓)

By agreement with the EEA national

By Court Order

3.47 How long have you had custody or right of access to the relevant children?



3.48 Please give details of each minor child of the EEA national of whom you have custody or right of access to. If necessary, you should photocopy this section and include it with your application to include all minor children of whom you have legal custody or right of access.

	Forename(s) of child	Surname of child	Date of birth	Place of birth	Nationality
Child 1					
Child 2					
Child 3					

3.49 Give details of custody/access rights

If you are applying under Category C(2) – Please now complete Section 4 of the application

3.50 If there are any other relevant circumstances you would like the Minister to take into consideration in respect of your application for retention, please detail below.

3.51 Please list any supporting documentation or evidence which you have enclosed for consideration in relation to Q 3.50 above

1.	
2.	
3.	
4.	
5.	

You must give details of the EEA national's activity in Ireland up to the time of their death or departure from the State or up to time that legal proceedings commenced to end the marriage or recognised civil partnership.

If the EEA national had more than one activity or more than one of each activity during the period of your permission, you should copy this section and complete it for every activity. A copy of each completed section should be enclosed with the application

4.1 Please	e indicate the type of activity (\checkmark)
	Employment
	Self-employment
	Study
	Involuntary Unemployment
	Sufficient Resources

4.2 Name of employer/business/college

4.3 Address of employer/business/college

4.4 Email address of employer/business/college

4.5 Contact telephone number of employer/business/

COII	ege						
							i i

4.6 Date EEA national started activity

ممالممم

DD/	MM	/ Y	Y	Y	Y
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4.7 Date EEA nation	al ceased activity
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4.8 Details of EEA national residing with sufficient resources

If the EEA national was involuntarily unemployed, please give details below

4.9 Name of most recent employer

4.10 Address of	most rec	ent emplo	yer				

4.11 Contact telephone for most recent employer

4.12 Date most recent employment started

D

D	/	11/1	/	Υ	Υ	Υ	Y

4.1		ate nde		st re	ece	ent e	empl	oyn	nent
D	D	/	Μ	Μ	/	Y	Υ	Y	Υ

4.14 Why did this employment end?

Applicant's activity in Ireland

You must provide details on your current activity in Ireland. This section is divided into four parts. Please only complete the sections which are relevant to you. (For example, if you are employed, you should complete Sections 5(1) and 5(i) only).

5.1 P	Please	indicate the type of activity (\checkmark)
[Employment – Complete Section 5(i)
[Self-employment – Complete Section 5(ii)
		Involuntary Unemployment – Complete Section 5(iii)
		Sufficient Resources – Complete Section 5(iv)

Section 5(i) For an applicant who is in employment

Complete this section if you are currently working for an employer. Please note, you must also submit a fully completed Declaration in addition to the required employment documents with this application. This declaration is set out in Appendix 'A' of this application form.

5.2	Na	ame	e of	en	nplo	yer																							
5.3	Сс	onta	act	nar	ne																								
5.4	En	nail	ac	ldre	ess	of e	mp	loy	er													_	_		-				
5.5	Co	onta	act	tele	epho	one	nu	mb	er d	of e	mp	loye	er																
											•																		
56	14/	ork	nla		add	roci	^																						
5.0			pia		auu	162	5	1	1	1	1	1	1	1	1	-				1	1	1	1	T	1	T	1	-	
5.7	W	ork	pla	ce	Eirc	ode	;				I	5.8	Sta	art d	ate	for	en	nplo	vm	nen	t								
												D	D	/	M	M	1	Y		(Y	Y							

Section 5(ii) For an applicant who is self-employed

Complete this section if you are self-employed

5.10 Name of bu	siness														
5.11 Class of sel	f-emplo	oyment	(If oth	er give	e deta	ils) (v	()								
Sole Sole	[Part	nershij	р			Lim	ited	Co	mpa	any			
Other															
5.12 Type of bus	iness (e.g. sei	rvices	offered	d, pro	ducts	mad	de/so	ld)						
5.13 Address of I	ousines	ss			-1-1		1 1			1					
5.14 How do you	advert	tise/pro	mote o	or marl	ket th	e bus	ines	s?							
5.15 Contact tele	phone	numbe	er of bu	usiness	6										
			1 1				II								
5.16 Email addre	ess of b	usines	s							1					
5.17 Website add	dress fo	or the b	usines	s (if a	oplica	uble)									
						,									
				E 40	Nume	h or c				I			I	1	
5.18 Date busine	ess star	ted trac	ding	5.19	Num	ber of	em	pioye	es						
D D / M M	/ Y	YY	Y												

5.20 Date you registered with Revenue Commissioners for self-assessment	5.21 Has a P35 return or equivalent been made for the business? (✓)
D D / M M / Y Y Y	Yes No
5.22 Date on which tax returns are due	5.23 Do you pay PRSI? (✓)
	Yes No
5.24 Is the business registered for VAT? (✓)	5.25 Name of accountant/tax advisor if applicable
Yes No	
5.26 Please provide the names of dir	rectors of the company
5.27 Are you a director of the compa	ny in which you are self-employed? (✓)
Yes	No
5.28 If Yes, do you pay PAYE? (✓)	Yes No
5.29 What is your role in the busines	S
5.30 Monthly operating costs 5.31 €	I Monthly net income 5.32 Hours worked monthly
Section 5(iii) For an	applicant who is involuntarily unemployed
If you are temporarily unable to purs	ue work, please give details below
5.33 Name of most recent employer	
5.34 Address of most recent employ	er

5.35 Contact telephone for most recent e	mployer
5.36 Date most recent employment started	5.37 Date most recent employment ended
D D / M M / Y Y Y	D D / M M / Y Y Y
5.38 Why did this employment end?	
5.39 Are you registered with the Departm of Social Protection (DSP)? (✓)	ent 5.40 Are you in receipt of any payment from DSP? (✓)

5.44 Amount of funds available.

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t t				
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•				

5.42 Please provide details of other persons on your DSP claim.

No

Type of payment

Full name	PPS number	Relationship to you

Section 5(iv)

Yes

For an applicant who is residing with sufficient resources

Yes

Date payment started

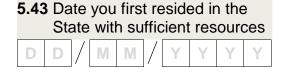
No

Amount you receive

(weekly)

5.41 If you are in receipt of any payments from DSP, please provide details below.

Complete this section if you are residing in the State with enough financial resources available so as not to become a financial burden on the State.



5.45 Source of income (If other give details) (\checkmark)					
Pension		Stocks/Shares etc.	Third party funds		
Other					
	aiving any State	fundo from this or on	(other State2 (1)		
5.46 Are you rece	eiving any State	e funds from this or any	y other State? (*)		
Yes (give d	letails below)	No			

5.47 Name of person(s) who owns the funds available to the you, their relationship to you and their current place of residence.

5.48 If funds are from a third party, please provide details below

Method of payment	Regularity of payments	Amount you receive (€)

5.49 Do you have comprehensive private medical insurance for yourself and any dependants living with you in Ireland? (✓)

Yes (give details below) No					
Name of Insurance provider					
Name of plan and policy number					
When did the plan commence?					
Evidence of payment					

Applicant's Document and Evidence Checklist

- Please complete this checklist to show what documents you are providing with your application
- Photocopies of all documents unless originals are requested.
- If you do not submit evidence to show that you qualify for retention of residence, 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
 - \checkmark the date of the translation
 - ✓ the full name and contact details of the translator or representative of the translation company
 - Multilingual standard forms of certain public documents, civil certificates issued within the EU may be available without the necessity to obtain a certified translation. For further details, visit the following webpage:-<u>https://e-justice.europa.eu/551/EN/public_documents</u>
- Immigration Service Delivery will not provide written correspondence acknowledging each document you submit with this application

	Description	Tick if you have submitted	Number of pages	For Official Use
	Identity documents	(✓)		
1.	Passport of the applicant			
2.	Passport photos for the applicant			
	Residency documents if renting	(✓)		
3.	Tenancy Agreement signed and dated			
4.	Letter from landlord/letting agent including contact details signed and dated			
5.	Letter from local authority/County Council signed and dated			
6.	Utility bills in your name			
7.	Bank statements			
8.	Evidence of rent payments			
	Residency documents if a home owner	(✓)		
9.	Title or Deeds as applicable			
10.	Letter from Mortgage Provider/Local authority/County Council			
11.	Utility bills in your name			
	Residency documents if living with a home owner	(✓)		
12.	Evidence of home ownership, e.g. title deeds/letter from mortgage provider			

13.	Utility bills in the home owner's name		
14.	Letter from the home owner, signed and dated, confirming your residency there		

	Residency documents if you are living with a tenant	(√)	
15.	Tenancy agreement in their name		
16.	Letter from the tenant confirming your residence, including contact details		
17.	Letter from landlord confirming your residence, including contact details		
18.	Utility bills in the tenant's name.		
	Evidence of Relationship to the EEA national	(✓)	
19.	Civil marriage certificate		
20.	Recognised civil partnership certificate		
	Evidence of the Death of the EEA national	(✓)	
21.	Death Certificate		
22.	Evidence of residence in the State as family member of EEA national for at least one year prior to death of EEA national		
23.	Evidence of the activity and residence of the EEA national in the State prior to death of the EEA national		
	Evidence of Departure of the EEA national	(✓)	
24.	Travel Documents and/or itinerary confirming departure of EEA national		
25.	Evidence of residence in the State as family member of EEA national up to and including departure of EEA national		
26.	Evidence of the activity and residence of the EEA national in the State prior to departure of the EEA national		
	Evidence of Divorce, Annulment or Dissolution	(√)	
27.	Decree of divorce, nullity or dissolution		
28.	Evidence of date of initiation of divorce or annulment proceedings		
29.	Evidence that the marriage or civil partnership subsisted for at least 1 year in the State		
30.	Evidence of the activity and residence of the EEA national, in the State, up to and including the date of initiation of divorce or annulment proceedings		
	Details of children of the EEA national in the State	(✓)	
31.	Evidence of custody or right of access in respect of children of the EEA national (written agreement/Court Order)		
32.	Birth certificates of children of the EEA national		
33.	Letters from educational establishments confirming enrolment and attendance		

	Evidence of the Applicant's current activity in the State	Tick if you submitted	Number of pages	For Official Use
	If the Applicant is in employment	(✓)		
1.	Fully completed Appendix A			
2.	Declaration signed and stamped by employer (Appendix B)			
3.	Signed and dated contract of employment			
4.	2 recent payslips			
5.	Recent P21 certificate or Statement of Liability			
6.	Corresponding bank statements to show earnings			
	If the Applicant is self-employed	(√)		
7.	Agreed Tax assessment from Revenue for last financial year			
8.	Letter of registration for self-assessment of income tax (Revenue)			
9.	Certificate from Companies Registration Office			
10.	Sales/Service invoices for the last 6 months			
11.	Corresponding bank statements for the business for the last 6 months			
	If the Applicant is involuntarily unemployed	(√)		
12.	Letter from Department of Social Protection outlining any benefits which have been received			
13.	Letter from most recent employer outlining circumstances of redundancy			
14.	P45 or Employment Detail Summary for last employment			
15.	P21 or Statement of liability and P60 certificates or Employment Detail Summary for previous 2 years			
	If the Applicant is residing with sufficient resources	(√)		
16.	Evidence of Applicant's financial resources e.g. bank statements			
17.	Letter from Department of Social Protection outlining any benefits which have been received			
18.	Letter from private medical insurance provider for Applicant and dependents			
19.	Copy of private health insurance policy			
20.	Evidence of payment of private health insurance policy			

	Please list any other documents that you have submitted in this application	(✓)	
21.			
22.			
23.			
24.			

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 apply for Retention of my residence card/document which was granted under the European Communities (Free Movement of Persons) Regulations 2015 and/or the European Union (Withdrawal Agreement) (Citizens' Rights) Regulations 2020. 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.

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Appendix A

Applicant's declaration of employment

- This section asks about your 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 30-32
- Immigration Service Delivery may contact your employer to verify the information you provided.

A1 Na	me	of	em	plo	yer	(bu	Isin	ess	s or	COI	mpa	any)								

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?

DD/	M	/ Y	Y	Y	Y
-----	---	-----	---	---	---

A7 How many hours per week do you work on average?

A8 Salary/Wages	A9 Frequency of payment (✓)
€	Weekly Monthly Annually

A10 Please indicate what type of e	employment this is (\checkmark)	
Permanent full time	Part time	Temporary
If you answered Temporary, expected duration of the cont		

Appendix B

Employers Declaration

- This section must be completed in full by your employer 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	Na	me	of	bus	sine	ess	ord	or	npai	ny																			
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В3	Ad	dre	ss	of k	bus	ine	SS		1		1	1		1	1		1	1		1		1			1			1	
B4	Bu	sin	ess	s Ei	rco	de			1			B5	i Co	onta	ict 1	tele	phc	ne	nu	mbe	er f	or t	ous	ines	SS				
									J																				
В6	Wł	nat	dat	te d	id t	his	per	sor	n sta	art	the	ir e	mp	loyı	nei	nt v	vith	the	bu	sine	ess	?							
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		/			/	′ L	_		_																				
B7	Ho	w r	nar	ny h	ou	rs p	oer v	vee	ek d	о у	ou	wo	rk o	on a	ve	rag	e?												
B 8	Sa	lar	y/W	/ag	es							В	9	=rec	que	ency	/ of	рау	me	ent	(√)								
€															W	/ee	kly			Mor	nth	ly			An	nua	lly		
B1	0 IV	letł	nod	of	Pay	ym	ent	(✓)																					
		(Cas	h				С	heq	lne			EF	Г (el	ectr	onic	; fun	ds tr	ans	fer)		0	the	Ple	eas	e ex	plaiı	n be	low)

B11 Please indicate what type of employ	ment this is (\checkmark)		
Permanent full time	Part time		Temporary
B12 Name (employer or authorised perso	on)		
B13 Position held in the company			
I can confirm that		(name of em	ployee) has been, and is
currently, employed by		(name of	f company) as set out
above.			
B14 Signature			
B15 Date		stamp or seal	(If you do not have one,
	state "None")		