

EUTR1A

Application to be treated as a permitted family member of an EEA national

Please read the information below carefully before you submit your application. If you do not submit sufficient information and/or evidence, your application may be refused.

Who is this form for?

This form is to be used by each Non-EEA national applying to be treated as a Permitted Family Member of an EEA national under the European Communities (Free Movement of Persons) Regulations 2015.

Citizens' Rights entitlements guaranteed to United Kingdom nationals and their family members are given effect in Ireland under the European Union (Withdrawal Agreement) (Citizens' Rights) Regulations 2020. Form EUTR1A may also be used by each non-EEA national family member of a United Kingdom national applying to be treated as a Permitted Family Member of a United Kingdom national under the European Union (Withdrawal Agreement) (Citizens' Rights) Regulations 2020 and the relevant provisions of the 2015 Regulations.

References to EEA national in this form shall be deemed to also apply to a United Kingdom national who satisfies the relevant criteria under the Withdrawal Agreement.

You should use this application form if:

- You are a non-EEA national who is a family member of an EEA national
- You are living in the State AND the EEA national is living in the State
- The EEA national is exercising their EU Treaty Rights in the State (employed, selfemployed, residing with sufficient resources or involuntarily unemployed)

and,

- You are a member of the family of an EEA national who is <u>not a qualifying family member</u> and were, in the country from which you have come:
 - ✓ a dependent of the EEA national or,
 - ✓ a member of the EEA national's household or,
 - ✓ strictly required the personal care of the EEA national on serious health grounds

ΩR

• Or you are the de facto partner of an EEA national in a durable relationship

How to complete this form:

- You must complete a separate application for each non-EEA national family member, including each child under 18 years of age
- 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 31 and 32 for each application
- You, the applicant, must sign and date the Declaration on page 33, at the end of this form
- The EEA national must complete the checklist on pages 50 and 51 for each application
- The EEA national must sign and date the Declaration on page 52, at the end of this form
- 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.
- Both you, the applicant, and the EEA national must sign the Data Privacy Notice on page 6.
- You must send your completed application form and any supporting documents you wish to provide by post to the address below

Permitted Family Member Assessment EU Treaty Rights Division Department of Justice Immigration Service Delivery 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, www.anpost.ie

Warning

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

- If you change your personal details (your name, nationality, civil status, etc.)
- If your contact details change (your address, email address or representative, etc)
- If there is a change in other circumstances (your EEA national family member leaves Ireland)

you must inform EU Treaty Rights Division at the address above <u>immediately</u> and provide any relevant supporting documentation

A decision will be made on your application based on the information contained in this application form and the supporting documents which you submit. No further information or documentation will be requested. The onus is on you, the applicant, to submit the necessary evidence to support your application.

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,
D02XK70

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, 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 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 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 t	he Department of Justice by post at:
Data Protection Officer, Department of Justice, 51 St. Stephen's Green, Dublin 2, D02 HK52. or	
by email - <u>dataprotectioncompliance@ju</u>	stice.ie
I acknowledge that I have read and understood the info	rmation outlined above, which relates to my data
protection rights.	
Name (Applicant)	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Signature (Applicant)	Date
3 (11 /	
Name of Parent/Guardian if applicant is under 18	
Signature of Parent/Guardian	Date
Name (FFA restingel)	
Name (EEA national)	
Signature (EEA national)	_ Date

Section 1 Applicant details

1.1	Wł	nat	is y	our	r re	latic	ns	hip	to	the	EE	A n	atic	na	l? (√)													
	Partner in a durable relationship Where the relationship is long-lasting but you are not a spouse or civil partner																												
		-	nder you		ere	a d	epe	nde	ent	of th	ne E	EΑ	nat	iona	al ir	ı the	e cc	ounti	ry fı	om	wh	ich	you	ha	ve c	om	е		
						s eh o a m		ber	of	the	EE/	A na	ation	nal l	hou	seh	old	in tl	he d	cou	ntry	fro	m w	/hicl	h yc	ou h	ave	CO	me
	Serious medical grounds Where you strictly require the personal care of the EEA national for serious medical reasons																												
1.2	If y	ou/	are	nc	ot a	par	tne	r in	а	dura	able	e re	latio	ons	hip	, pl	eas	se ir	ndid	ate	e fa	mily	/ re	latio	ons	hip	(✓)	
A.	A. Sister/brother Aunt/uncle Niece/nephew Cousin Other:																												
В.		of	an	EE	A r	natio	ona	l				of t	he s	spc	use	e oi	r civ	vil p	artı	ner	of	an I	EEA	A na	atio	nal			
1.3	Su	rna	me	/ F	am	ily r	nan	ne ((as	sho	own	in	pas	sp	ort)														
1.4	Fc	orer	nam	ne(s	s) (a	as s	sho	wn	in Į	oas	spo	rt)																	
1.5	1.5 Other name(s) (maiden name, name at birth, any other names) by which you are or have been known and reason for alternative name.																												
										•			1			•	•	, !					•						
1.6	Da	te (of h	irth							1	7	Ger	nde	ır (()		1.8	21.5	DE) Per	son	חו	Niu	mh	er (if kr	10\A/	n)
1.0	Da	7	N/I		, .	/ 🕟	, ,	<i>_</i>	V	V			J CI		'' ('	<i>)</i>		1.0				3011	טו	INU	1110		ii Kl	1000	'')
ח	ח	_]/	IVI	I/	л /	1		ı	1	ĭ		 Male	F		ale					\perp									

1.9 Nationality									
1.10 Do you hold, or have you ever held, any other	nationality or nationalities? (✓)								
Yes (give details below) No									
1.11 Current home address in Ireland									
1.12 Address Eircode 1.13 Contact	t telephone number of applicant								
1.14 Email address									
	1.16 Old Department of Justice reference number (if you have one)								
	6 9 /								
1.15b Date PPS number was	4.47.0000								
issued	1.17 GNIB number/IRP Number								

Section 1A Relationship status of applicant and children of applicant **1.18** What is your relationship status? (✓) Recognised Civil Divorced Widowed Single Married partner Surviving De Facto Recognised Civil Partner Partner **1.19** If you are married or in a partnership, complete Annex C and submit it with this application form. (\checkmark) I have filled out and enclosed Annex C for my spouse/partner **1.20a** Have you ever previously been married? (✓) No (move to question 1.21) Yes 1.20b Has this marriage been dissolved, annulled or ended in divorce? You should give evidence of divorce, annulment or dissolution as appropriate. (civil certificates) (✓) Yes (give details below) No **1.20c** If the marriage ended for any other reason please explain below (for example the death of your spouse). You should give evidence as appropriate. (civil certificates) **1.21a** Do you have children? (✓) If yes, how many? Yes No 1.21b If you have children, give details of each child in Annex C and submit it with this application form. Print multiple sheets if needed. I have filled out and enclosed Annex C for each child ()

Section 1B Immigration history of applicant

1.22 Why are you moving to Ireland?	
1.23 How long will you stay in Ireland?	
1.24 Passport number	1.25 Date of arrival in the State
	D D / M M / Y Y Y
1.26 Place of arrival in Ireland (port of entry, for examp	ole Dublin Airport, Rosslare, Dublin Port)
1.27 What was your status on arrival in Ireland (✓)	
International protection Family member of EEA seeker	Employment Permit or Green Card Permit
Student Visitor	Entry without permission
Other:	
1.28 Have you ever lived in Ireland before? (✓)	
Yes (give details below) No	
1.29 Do you have any other family members living in Ir	raland? (🗸)
Yes (give details below) No	elaliu! (*)

1.30 Do you have any other family m United Kingdom? (✓)	nembers living in any of th	ne other EU Member State or the						
Yes (give details below)	No							
1.31 If you answered "Yes" to 1.30, a	are those family members	s going to join you in Ireland? (✓)						
Yes No								
1.32 Have you ever visited Ireland be	efore? (✓)							
Yes (give details below including an	y visa details) No							
1.33 Do you have any other applications with ISD on which you are awaiting a decision? (✓)								
Yes (give details below)								
Type of application	Date submitted DD / MM / YYYY	Application ID						
	DD/MM/YYYY							
	DD/MM/YYYY							

Section 1C Partners

Complete this section if you are in a durable (long-lasting) relationship with the EEA national but you are not their spouse or civil partner.

1.34 When did you first meet the EEA national?							
1.35 Where did you first meet the EEA national?							
1.36 Are you and the EEA national related outside of your partnership? (✓)							
Yes (give details below) No							
1.37 When did your relationship 1.38 When did you start living							
begin? together?							
1.39 Have you ever lived with the EEA national outside of Ireland?(✓) If yes, give details							
Yes (give details below) No							
1.40 Do you intend to live with the EEA national permanently in the State? (✓)							
Yes No (give reasons below)							

1.41	Do you and	the EEA nation	nal have any children together? (✓)
	Yes	No	If yes, how many?
1.42	=	e any children o ationship)? (✓)	of whom the EEA national is not the parent (i.e. from a previous
	Yes	No	If yes, how many?
1.43	Does the El	EA national hav	ve any children of whom you are not the parent? (✓)
	Yes	No	If yes, how many?
un	der the age	of 18, you mus	to 1.41, 1.42 or 1.43 above and any of those children are tenclose details of each child in Annex C and enclose it with tiple sheets if necessary.
	I have filled	out and enclos	sed Annex C for each child (✓)
		eviously submi other person) (tted a notice of intention to marry to a Registrar in Ireland?
D	Yes (give d	ate below)	No Y
	Has there be ner person) (n to any of these intentions to marry in Ireland? (EEA National
D I	Yes (give da	ate below)	No Y
		eviously applied give the counti	d to marry in another country? (EEA National or other person) ry and the date
	Yes		No
		OUN	

1.48 Have you previously been refused permission to marry, or had an objection raised against your intention to marry in Ireland or any other country? (EEA National or other person) (✓)								
Yes (give details below) No								
1.49 Have you ever been considered to be party to a marriage of convenience in Ireland or another country? (✓)								
Yes (give details below) No								
1.50 If you answered 'Yes' to either of the above questions 1.48 or 1.49, please provide the country, date and any details of the decision								
Country: Date:								
1.51a Have you or the EEA national ever been married or in a civil partnership before? (✓)								
Yes (if yes give date below) No								
1.51b Please specify which party has been married or in a civil partnership before? (✓)								
You (applicant) EEA national Both								
1.52 Date(s) of divorce, annulment or Dissolution (if relevant)								
D D / M M / Y Y Y Y								

Section 1D For applicants who are dependents and/or members of the household

Complete this section if you are a relative of the EEA national, or of their spouse or civil partner, and:

- You were dependent on the EEA national or were a member of the EEA national's household before you came to Ireland, in the country from which you have come, and
- Since entering Ireland, you have continued to be dependent on the EEA national or be a member of the EEA national's household.

Before coming to Ireland			
1.53 Were you dependent on the EEA national before you came to Ireland? (•	1.54 Were you a ∕) EEA nationa		household of the g to Ireland? (✓)
Yes No	Yes	No	
1.55 Give details below of any other source Ireland. This could include income from security payments, income from rental You should give documentary evidence.	n employment or self- property, savings, in	-employment, a vestments or ar	pension, social y other income.
Item		Amount €	How often
1.56 Did you receive money from the EEA remuch, how often and for how long did corresponding documentary evidence	you receive these fur	ids. You shouÌd	
Yes (give details below) No			
How much did you receive? (€)			
How often did you receive the funds?			
How were the funds paid to you?			
How long did you receive these funds?			

	ative or friend before coming to Ireland? (✓) If one ong did you receive these funds. You should be with your application.					
Yes (give details below) No						
How much did you receive? (€)						
How often did you receive the funds?						
How were the funds paid to you?						
How long did you receive these funds?						
1.58 What was your address in your home cour came to Ireland?	ntry or other country of residence before you					
1.59 Did you live with the EEA national at the same address immediately before you came to Ireland? (✓)						
Yes No						
1.60 Please provide dates of residence at address From D D / M M / Y Y Y To D D / M M / Y Y Y Y						
1.61 For the address given above, did the EEA	national (✓)					
Own the property outright either individually or join	itly					
Own the property with a mortgage either individual Rent the property	lly or jointly					
Reside rent free						
1.62 If the property was jointly-owned, please p	provide the names of the other owners					

1.63 If the prop details bel		ted, please in	idicate the type	of la	ındlord (✔) and pr	ovide contact			
Private land	lord	County counci	l or local authority		Voluntary cooper	ative housing body			
1.64 If the property was rented, please provide the names of all tenants:									
	lived at the p		what was the re	elatior	nship between yo	u and the EEA			
	Name		Duration of residence		Relationship to you	Relationship to EEA national			
			_						
1.66 How many									
Bedrooms:	Commor	ı rooms (e.g. ba	throoms, kitchen,	sitting	rooms):				
1.67 Do vou pav	/ anv rent. m	ortgage or ot	her pavment fo	r vou	ır current accomm	nodation? (✓)			
_	details belov		No	, ,		()			
		,							
Expenditure Rent/Mortgage		Amount (€)		Who	pays (for examp	ole you, relative)			
Gas									
Electricity									
Phone									
Food									
Clothing									
Medical Care									
Other									

Since coming to Ireland **1.68** When did the EEA national 1.69 When did you enter Ireland? enter Ireland? M **1.70** If you did not enter Ireland at the same time as the EEA national, please give the reasons why below **1.71** Have you been dependent on the EEA 1.72 Are you currently a member of the EEA national since coming to Ireland? (✓) national's household in Ireland? (✓) Yes No Yes No **1.73** Do you regularly receive money from the EEA national (\checkmark). If yes, how much, how often and for how long did you receive these funds. You should give corresponding documentary evidence with your application. Yes (give details below) No How much did you receive? (€) How often did you receive the funds? How were the funds paid to you? How long did you receive these funds? **1.74** Do you regularly receive money from any other relative or friend? If yes, please specify how much, how often and for how long. You should provide corresponding documentary evidence with your application. Yes (give details below) No How much did you receive? (€)

How often did you receive the funds?

How long did you receive these funds?

How were the funds paid to you?

the income(s) given with your application.	·						
Source of income	Amount €	How often					
1.76 What is your current activity? (✓)							
Employed							
Self employed							
Student Other (give details below)							
Other (give details below)							
1.77 Do you currently live with the EEA national? (✓)							
Yes No							
1.78 At the address where you reside, does the EEA national: (✓)							
Own the property outright either individually or jointly Own the property with a mortgage either individually or jointly							
Rent the property Reside rent free							

1.75 If you have any other sources of income, please describe them below (other employment or self-employment, a company or state pension, state benefits, income from rental property, savings, investments, or any other income). Provide documentary evidence of

1.79 If the property is jointly-owned, please provide the names of all owners									
1.80 If the property is rented, please tell us the type of landlord (✓) and give contact details below									
Private landlord County council or local authority Voluntary cooperative housing body									
1.81 If the property is rented, please p	provide the names o	of all named tenants	3						
1.82 Who else lives at the property an national and each resident?	d what is the relatio	onship between you	and the EEA						
Name	Duration of residence	Relationship to you	Relationship to EEA national						
1.83 How many rooms are there at thi	s address?		1						
Bedrooms: Common rooms (e.g	. bathrooms, kitchen, si	tting rooms):							

1.84 Do you pay a	ny rent, mortgage or other paym	nent for your accommodation? (✓)
Yes (give de	tails below) No	
Expenditure	Amount €	Who pays for this expenditure?
Rent/Mortgage		
Gas		
Electricity		
Phone		
Food		
Clothing		
Medical Care		
Other		
Section 1E	Other information	
4.05.0		
	ther information about your finan nay be relevant.	ncial circumstances before or after coming to
	•	
	_	
		oport you receive, or have received, from the ding documentary evidence with your
1.87 Give details	of any family in your home coun	try.

1.88 Give details of any compelling or compassionate circumstances that would make it difficult for you to live in your home country without the EEA national. You should provide corresponding documentary evidence.
1.89 If your application is refused, and you believe that such a refusal would prevent the EEA national from exercising EU Treaty Rights in the State, please explain why you believe this is the case and provide documentary evidence supporting your claim.

Section 1F Serious medical grounds

Complete this section if you are a relative of the EEA national, or of their spouse or civil partner, and you strictly require the personal care of the EEA national (or of their spouse or civil partner) on serious health grounds.

1.90 What is the nature of your health condition? Please include a report from a medical consultant with your application.																										
	1	<u> </u>																								
1.91 How long have you had this health condition and how long is it expected to last? These details should be included in the medical report provided for 1.90 above.																										
1.	1	nak	king	fo	ed od f	or y	you	rse		(✓)	Pro												you	ırse	lf, c	or
		res	(giv	e ae	etails	s be	iow)			No																
	1.93 Who currently provides you with most of your care? Give corresponding documentary evidence.																									
1.	-	olea	se	pro	on i ovid e tha	e th	neir	de	tails	s or	n Ar	nne	х С	an	d e	ncl	ose	it۱	with	thi						5 ,
		ha	ve :	fille	d o	ut a	and	en	clos	sed	An	nex	(C	(✓)												

1.95 Please outline the nature of the care you receive
1.96 How often do you need care? (✓)
☐ Daily ☐ Every few days ☐ Weekly ☐ Monthly
1.97 Do you receive care from any other person or organisation (social services, private carer) not listed above? (✓)
Yes (give details below) No
1.98 Before the person specified in 1.93 above started caring for you, did any other person or organisation care for you? (✓)
Yes (give details below) No
1.99 If you answered "Yes" to 1.98 above, please tell us why that caring arrangement stopped (if it has stopped)

1.100 Are you currently doing any paid or unpaid work in Ireland (employed or self-employed) (✓)
Yes (give details below) No
1.101 If you wish to give us any further information about your circumstances, please do so below.

Section 2 Personal History of the applicant

- 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.
- Please note, if you have received more than 3 charges/indictments/convictions, please photocopy the relevant sections and enclose the completed sections with this form
- If you fail to answer all of these questions as fully and accurately as possible, your application may be refused

2.1 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? (✓) If you have received more than 3 charges/indictments, please photocopy this page and enclose the completed section with this form.							
Yes (give details below)	No						
Charge/Indictment No. 1							
Name under which you were charged/indicted							
Country where you were charged/indicted							
Type of offence							
Date of trial							
Charge/Indictment No. 2							
Name under which you were charged/indicted							
Country where you were charged/indicted							
Type of offence							
Date of trial							
Charge/Indictment No. 3							
Name under which you were charged/indicted							
Country where you were charged/indicted							
Type of offence							
Date of trial							

please provide details for EA0	d of an offence in Ireland or in any other country? (\checkmark) If yes, CH criminal conviction, starting with the most recent one. If you iminal convictions, please photocopy this page and enclose is form.
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	
	er been required to comply with conditions following release from eriod of probation or restricted licence)
Yes (give details below)	No
Type of condition imposed	
Date condition started	
Term of condition (date of expiry	· <u>)</u>
2.4 Did you comply, or are you in	n compliance with the imposed conditions or restrictions? (✓)
Yes	No 🗆
2.5 Have you, in either peace time	e or war time, ever been involved in, or been suspected of rimes against humanity or genocide? (✓)
Yes (give details below)	No

2.6 Have you ever been involved in, supported, or encouraged terrorist activities in any country? (✓)
Yes (give details below) No
2.7 Have you ever been a member of, or given support to an organisation, which has been associated with terrorism? (✓)
Yes (give details below) No
2.8 Have you ever served in a military force, or State-sponsored private militia, undergone any military or paramilitary training, or been trained in the use of weapons and/or explosives? (✓)
Yes (give details below) No
2.9 Have you ever been deported/removed from Ireland or from any other country? (✓)
Yes (give details below) No
Date of Deportation/Removal
Country deported/removed from
Country deported/removed to
2.10 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 below) No
Type of order
Date of order
Status of order

2.11 Have you ever applied for permission to visit or reside in another EU Member State or the United Kingdom? If you answered 'Yes' to previous question, you should provide evidence of entry and exit to each State.										
Yes (give details b	elow) No									
<u>Type of</u> Visa/Permission	<u>Country</u>	Outcome of application	Length of stay							
2.12 Have you ever been denied permission to enter or remain in any other country? (✓)										
Yes (give details below) No										
Type of permission denied										
Name of Country										
Date of denial of permission										
2.13 Provide details of all countries you have visited in the last 10 years. If necessary, photocopy this section and submit with this application?										
			If necessary,							
			If necessary, <u>Length of stay</u>							
photocopy this sec	tion and submit with thi	s application?	·							
photocopy this sec	tion and submit with thi	s application?	·							
photocopy this sec	tion and submit with thi	s application?	·							
photocopy this sec	tion and submit with thi	s application?	·							
photocopy this sec	tion and submit with thi	s application?	·							
photocopy this sec	tion and submit with thi	s application?	·							
photocopy this sec	tion and submit with thi	s application?	·							
photocopy this sec	tion and submit with thi	s application?	·							
photocopy this sec	tion and submit with thi	s application?	·							

2.14	Do you have any children living in Ireland or in any other country of national is not the parent? (\checkmark) If yes, please provide names, dates olocations of the children.								
	Yes (give details below) No								
2.15	In the country from which you have come, please outline your living	circumstances (✓)							
	Homeowner Tenant/Renter Guest	Other (give details below)							
2.16	If you have indicated homeowner in 2.15 , do you still own this proper please explain its current status (empty, rented, who still resides the								
	Yes (give details below) No								
0 47		DI : 1 (1							
2.17	Provide all addresses at which you have lived in the last 10 years. dates you lived at the address. If necessary, photocopy this section application.								
	Address	Dates you lived there							
1									
2									
3									
4									
5									
6									
7									
8									

Section 3 Applicant's document and evidence 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).

- Please complete this checklist to show what documents you are providing with your application
- A decision will be made on your application based on the information in this application form and the supporting documents you submit with the form
- 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
 - ✓ 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:-

https://e-justice.europa.eu/551/EN/public documents

• 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 (signed on back)			
4.	Evidence of name change (if relevant)			
	Residency documents if renting			
5.	Tenancy Agreement			
6.	Letter from landlord/letting agent including contact details			
7.	Letter from local authority/County Council			
8.	Utility bills in your name and the EEA national's name			
9.	Bank statements			
10.	Evidence of rent payments			

	Residency documents if a home owner		
11.	Title or Deeds as applicable		
12.	Letter from Mortgage Provider/Local authority/County Council		
13.	Utility bills in your name and the EEA national's name		
	Residency documents if living with a home owner		
14.	Evidence of home ownership, e.g. title deeds/letter from mortgage provider		
15.	Utility bills in the home owner's name		
16.	Letter from the home owner confirming the residency of both you and the EEA national at the property including contact details		
	Residency documents if you are living with a tenant		
17.	Tenancy agreement in their name		
18.	Letter from the tenant confirming the residence of you and the EEA national including contact details		
19.	Letter from landlord confirming the residence of you and the EEA national including contact details		
20.	Utility bills in the tenant's name.		
	Evidence of Relationship		
21.	Certificate of Relationship (marriage, civil partnership, divorce, birth, adoption, death) Please supply all certificates relevant to your relationship		
22.	Evidence of a durable relationship (such as birth certificates of any children of the relationship)		
	Evidence of dependency (such as money transfer receipts, corresponding bank statements etc.) since arrival in the State <u>and</u> in the country from which you have come		
	Evidence of household membership (such as money transfer receipts, corresponding bank statements etc.) since arrival in the State <u>and</u> in the country from which you have come		
25.	Evidence of strictly requiring the care of the EEA national (such as a detailed medical report from a professional currently registered with the Irish Medical Council)		
26.	Previous immigration or residence documents (such as registration certificates, residence card, residence permit or previous passports) both in the State <u>and</u> in the country from which you have come		
	Any other documents you have submitted in this application		
27.			
28.			
29.			
30.			
31.			
32.			

Section 4 Declaration

Name of Applicant (BLOCK CAPITALS)

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 an assessment 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 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.

ITAI	110 1	<u> </u>	<u>יאףי</u>	icai	11 (D		<u>UIX</u>		117	<u> LO</u>														
Sig	ned	by	Ар	plic	<u>ant</u>																			
					uar		n of	apı	olica	ant	if ag	jed	un	deı	r 18	(B	LO	CK	CAI	PIT	·AL	_S)		
		l by	Pai	rent	/Gu	ardi	an	of a	ppli	ican	it if	age	ed u	ınd	er ′	18			•			1		
Dat	e:																							

56	CU	on ·	5	E	EA	nai	lion	iai's	s ac	etal	IIS													
5.1	Sur	nan	ne /	Fan	nily r	nam	ie (a	ıs sh	owi	n in	pas	spoi	rt)											
5.2	For	ena	me(s) (a	as sl	า๐พ	n in	pas	spo	rt)														
5.3					(ma						at bi	rth, :	any	oth	er na	ame	s by	/ wh	ich	you	are	or h	ave	
D	Dat Day		birt M I	M /	/ <u>Y</u>	Y	Year	Υ		5.5 (Gene [Fe		(√) □ Otł	ner	5.6	ISE) Pe	rsor	ı ID	Nur	nbei	r (if k — [now	n)
5.7	Nat	iona	ality																					
5.8	Pla	ce a	and (COUI	ntry	of b	irth																	
5 9	Dο	VOL	the	FF	ΣA na	atio	nal	holo	l or	hav	/e V	ou e	ver	held	l an	ıv of	her	nati	ona	litv?	? (✓)	,		
		-			belo	ow)		No No										l fro				hel	d to)
5.1	0 Ci	ırre	nt h	ome	ado	dres	s in	Irel	and															
5.1	1 Ad	ddre	ss E	Eirco	ode	1				5.1	2 C	onta	ct te	elep	hone	e nu	ımbe	er						

5.13 Email address
5.14 PPS number (if you hold a PPS number what date did you get it? DD MM M / YYYY
5.16 Old Department Reference (if you have one)6 9 /
5.17 Passport or National Identity Card number 5.18 What date did you arrive in Ireland?
5.17a Expiry date of Passport D D / M M / Y Y Y Y 5.19 Why are you moving to Ireland?
3.13 Willy are you moving to freland:
5.20 Have you previously visited or resided in Ireland? If yes, please give dates, reasons for visits or residence, durations of visits or residence, reasons for leaving, and destination after departure from Ireland. (✓)
Yes (give details below) No

5.21 Have you previously, or are you now sponsoring any other EU Treaty Rights applications or permissions in Ireland or in any other EU Member State or the United Kingdom? (✓)
☐ Yes ☐ No
Section 5A Activity of the EEA national in the country from which they have come
5.22 Type of activity (✓)
Employment Self-employment Study
☐ Involuntary unemployment ☐ Residing with sufficient resources
5.23 Name of your previous employer, business or college
5.24 Address of employer, business or college
5.25 Total duration of activity 5.26 End date of activity
Years Months DD/MM/YYYY
 5.27 Were you issued with any documentation or certificate of cessation, for example a P45 certificate or Employment Detail Summary when you ceased the above activity? If you were, please provide a copy of that certificate/document with your application. (✓) Yes
5.28 Circumstances of unemployment (e.g. voluntary or involuntary) or cessation of activity
5.29 If studying or residing with sufficient resources, details of financial resources:

5.30 Annual income from activity		<u> </u>	self-employed, is the ill operating? (✓)
€		Yes	No
5.32 Have you been name any other individual in		_	ty Rights applications for r the United Kingdom? (✓)
Yes (give details below)	☐ No		
Country			
Date of application			
Outcome of application			
Name of other individual			
5.33 What was your living a			, ,
Property owner	Property renter	Res	siding with friends/family
Other (give details) 5.34 If you were a property property? (✓)	owner in the country from	m which you have c	ome, do you still own the
Yes	No		
Section 5B Relati nation	onship status of EE าลl	A national and	children of EEA
5.35 Marital status (✓)			
Single	ried Recognis		d Widowed
nartner Rec	viving ognised Partner		
5.36 If you are married or i or partner in Annex C	n a recognised civil partr and enclose it with this	• • •	ride the details of spouse
I have filled out and e	nclosed Annex C for my	spouse/partner	

5.37	If you were married or in a recognised civil partnership which is now ended, please provide details below. You should supply any civil certificates as evidence of divorce, annulment, dissolution or death.
5.38	B Do you have any children? (✓)
	Yes No If yes, how many?
5.39	If you have children, you must enclose details of each child in Annex C and enclose it with this application form. Use multiple sheets if necessary.
	I have filled out and enclosed Annex C for each child (✓)
	Do you have any children living in Ireland or any other country of whom the applicant is not the parent? (\checkmark) If yes, please provide names, dates of birth and current locations of the children.
	Yes (give details below)
5.41	If your children are not residing with you, are financial maintenance arrangements in place? (\checkmark) If yes, please specify whether the arrangements are approved or directed by a relevant court, and give details.
	Yes (give details below) No
5.42	Are there any formal or informal custody or right of access agreements in relation to your children? (✓) If yes, you should enclose a copy of the court order or written agreement as applicable and give details below.

Yes, formal (details below) Yes, informal (details below) No	
Section 5C Current activity of the EEA national in the State	
5.43 Type of activity (✓)	
(A) Employment (B) Self-employment (C) Involuntary unemployment (D) Residing with suff	ficient
Please fill out Parts (A - D) below as applicable to the current activity of the EEA nation the State.	onal
<u>NOTE</u> : It is important to provide accurate contact details for your employer as we may cont them to verify the information provided.	act
A. Employment	
5.44 Name of employer	
5.45 Address of workplace	
5.46 Workplace address Eircode 5.47 Employer's contact telephone number	
5.48 Employer's email address	
5.49 Monthly net income (after tax)	(✓)
	nporar
5.52 Date you started this employment 5.53 Job title	

5.54	4 N	lan	ne c	of b	usir	nes	s	Ι							Ι				ı		I			Τ			
5.5	5.55 Class of self-employment (If other give details) (✓)																										
Sole																											
Other																											
5.56 Type of business (e.g. services offered, products made/sold)																											
																							$oxed{\bot}$				
																							<u>L</u>				
5.57 Address of business																											
5.58	5.58 How do you advertise the business?																										
									_		-																
5.59	9 (onر	tac	te	epr	non	e n	um	ber	OT	bus	sine	SS					1									
5.60) E	ma	ail a	ddr	ess	of	bu	sine	ess																		
			•		•		•	•		•		•			•		•	•		•	•			•	•		
5.6′	1 V	Vel	osite	a a	ddre	255	for	the	. bu	ısin	ess	if a	ann	lica	ble												
													766											Τ			
		1	1					I]	<u> </u>	I	<u> </u>	I	I	<u> </u>	1	1		1	1	<u></u>		İ
E 04) [\- 4.	. l				- LL	-4 ام	:لہ م	in		E C	2 1	دمارا	sh a	. c.t	0.55	مام		00							
5.62	4 L	Jate	e bu	ISIN	ess	Sta	arte	ed tr	adı	ing		ე.ნ	3 IN	ium	bei	OŤ	em	ibio	ye	es							
D	-	" /	IV		VI /	'	ľ	T	T	T																	

B. Self-employment

5.64	Revenue for self-assessment	5.65 Has a P35 return or omade for the busines	•								
D	D / M M / Y Y Y Y	Yes No									
5.66	Date on which tax returns are due	5.67 Do you pay PRSI? (()								
D	D / M M / Y Y Y Y	Yes No									
5.68	Is the business registered for VAT? (✓)	5.69 Name of accountant	tax advisor if applicable								
	Yes No										
5.70	5.70 Are you a director of the company in which you are self-employed? (✓)										
	Yes (give details below) No										
5.71	If 'Yes' do you pay PAYE? (✓)										
	Yes (give details below) No										
5.72	What is your role in the busines	s?									
	, , , , , , , , , , , , , , , , , , ,	Monthly net income	5.75 Hours worked monthly								
€											

C.		Fo	r a	n E	EE	4 n	ati	ion	al	wł	10	is i	inv	ol	unt	ari	ily	un	em	ıpl	loy	ed							
5.70	s N	Jan	ne i	of v	our	· m	net	rac	۵n [.]	t am	nlo	N/QI	•																
5.7	J 1	Naii) y	- Oui)31				ipic	ycı																	
5.7	7 A	۸dd	res	s o	f yc	ur	mo	st r	ece	ent e	emp	oloy	/er				1	1	ı				1	ı	ı	ı		I	
5.78 Employer address 5.70 Most recent employer's contact telephone number																													
Eircode 5.79 Most recent employer's contact telephone number												er																	
5.80	W	/ha	t w	ere	the	e cii	rcui	mst	an	ces	of y	you	ır ur	ner	nplo	oyn	nent	t? (√)										
	☐ Voluntary ☐ Involuntary																												
5.8	5.81 How long did your most recent employment last?5.82 What date did your most recent employment end?																												
			Y	'eaı	rs				M	1ont	hs								D	Ι)	/ 1	/1	M /	/	1	Υ	Υ	Υ
5.83	3 N	/lor	nthl	y in	cor	ne						ŧ	5.84		•		reg on (the	Dep	oart	me	nt (of S	ocia	al
€														•				Yes	-	`	,		i	Vo					
5.85 If you are in receipt of any payments from DSP, please give details below.																													
		Ту	pe	of	pay	/me	ent				Da	ate	pay	ym	ent	s s	tart	ed			,	Am		it y			eiv	е	

D. For an EEA national who is residing with sufficient resources

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.

5.86 Date you first resided sufficient resources	d in the State with								
D D / M M /	YYYY								
5.87 Source of income (If	other give details) (✓)								
Pension Other	Stocks/Shares etc.	. Third party funds							
5.88 Are you receiving an	y State funds from this or	from any other State? (✓)							
Yes (give details belo	ow) No								
5.89 Name of person who owns the funds available to you, their relationship to you and their current place of residence.									
5.90 Amount of funds available.									
€									
5.91 If funds are from a th	nird party, please provide o	details below							
Third parties relationship to you	Method of payment	Regularity of payments	Amount you receive						
	. <u>. </u>								
	-								

Expenditure	Amount €
Rent/Mortgage	
Gas	
Electricity	
Phone	
Food	
Clothing	
Medical Care	
Other	
93 Do you have compreh residing with you in Ire	ensive medical insurance for yourself and any dependents eland? (✓)
Yes (give details below)	☐ No
Insurance provider -	
lame of plan and policy number -	
,	
When did the plan commence? -	

Section 6 Personal History of the EEA national

- 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.
- Please note, if you have received more than 3 charges/indictments/convictions, please photocopy the relevant sections and enclose the completed sections with this form
- If you fail to answer all of these questions as fully and accurately as possible, your application for a residence card may be refused

offence for which you have not be	indicted in Ireland or in any other country with a criminal been tried in court? (\checkmark) If you have received more than 3 btocopy this page and enclose the completed section with this
Yes (give details below)	☐ No
Charge/Indictment No. 1	
Name under which you were charged/indicted	
Country where you were charged/indicted	
Type of offence	
Date of trial	
Charge/Indictment No. 2	
Name under which you were charged/indicted	
Country where you were charged/indicted	
Type of offence	
Date of trial	
Charge/Indictment No. 3	
Name under which you were charged/indicted	
Country where you were charged/indicted	
Type of offence	
Date of trial	

6.2 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. If you have received more than 2 criminal convictions, please photocopy this page and enclose the completed section with this form.
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
6.4 Did you comply, or are you in compliance with the imposed conditions or restrictions? (✓) Yes No
6.3 Are you now, or have you ever been required to comply with conditions following release from prison? (✓) (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)
6.5 Have you, in either peace time or war time, ever been involved in, or been suspected of involvement in, war crimes, crimes against humanity or genocide? (✓)
Yes (give details below) No

6.6 Have you ever been involved in, supported, or encouraged terrorist activities in any country? (✓)
Yes (give details below) No
6.7 Have you ever been a member of, or given support to an organisation, which has been associated with terrorism? (✓)
Yes (give details below) No
6.8 Have you ever served in a military force, or State-sponsored private militia, undergone any military or paramilitary training, or been trained in the use of weapons and/or explosives? (✓)
Yes (give details below) No
6.9 Have you ever been deported/removed from Ireland or from any other country? (✓)
Yes (give details below) No
Date of Deportation/Removal
Country deported/removed from
Country deported/removed to
6.10 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 below) No
Type of order
Date of order

Status of order			
6 11 Have you ever been	n denied permission to	ontor or romain in any of	ther country? (-/)
		enter or remain in any of	iner country? (*)
Yes (give details b	elow) No		
Type of permission denied			
Name of Country			
Date of denial of permission			
6.12 Provide details of a photocopy this sect	ll countries you have vi ion and submit with this		. If necessary,
Country	Date of Travel	Reason for visit	Length of stay
6.13 In the country from	which you have come	nlease outline your living	n circumstances (√)
Homeowner	Tenant/Renter	Guest	Other (give details below)
Tiomeowner	Tenantitenter	Guest	Other (give details below)
C 4.4 If you have indicate	d hamaayyaarin C 12	do vou atill our this prop	outs O (/) If you do
6.14 If you have indicate please explain its c		ented, who still resides th	
Yes (give details b	elow) No		

6.15 Provide all addresses at which you have lived in the last 10 years. If necessary, photocopy this section and submit with this application? Please provide the dates you lived at the address.

	<u>Address</u>	Dates you lived there
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Section 7 EEA national's document and evidence 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 (<u>including blank passport pages</u>).

- Please complete this checklist to show what documents you are providing with your application
- 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:
 - o that the translation is a true and accurate translation of the original document
 - o 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:https://e-justice.europa.eu/551/EN/public_documents
- 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
	Evidence of Dependence	(√)		
1.	Evidence of applicant's dependency on you or household membership (such as money transfer receipts, corresponding bank statements etc.) since arrival in the State			
2.	Evidence of applicant's dependency on you or household membership (such as money transfer receipts, corresponding bank statements etc.) in the country from which you and/or the applicant have come			
3.	Immigration or residence documents (such as residence card, residence permit or previous passports) in the country from which you have come			
4.	Evidence of name change (if relevant)			

Evidence of the EEA national's current activity in the State

If the EEA national is in employment

Declaration signed and stamped by employer (Appendix B)

Signed and dated contract of employment

2 recent payslips

Most recent P60 certificate (or Employment Detail Summary) or amended tax credit certificate

Corresponding bank statements to show earnings

If the EEA national is self-employed

Agreed Tax assessment from Revenue Commissioners for last financial year

11.	Letter of registration for self-assessment of income tax (Revenue)		
12.	Certificate from Companies Registration Office		
13.	Sales/Service invoices for the last 6 months		
14.	Corresponding bank statements for the business for the last 6 months		
	If the EEA national is involuntarily unemployed		
15.	Letter from Department of Social Protection outlining any benefits which have been received		
16.	Letter from most recent employer outlining circumstances of redundancy		
17.	P45 certificate or Employment Detail Summary for last employment		
18.	P60 certificate or Employment Detail Summary for previous 1 year		
	If the EEA national is residing with sufficient resources		
19.	Evidence of your financial resources e.g. bank statements		
20.	Letter from Department of Social Protection outlining any benefits which have been received		
21.	Letter from comprehensive medical insurance provider for you and your dependents		
22.	Copy of comprehensive health insurance policy		
23.	Evidence of payment of comprehensive health insurance policy		

EEA national's Declaration

You (the EEA national) must read the declaration below and sign. 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.

Declaration

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.

Nar	ne o	f EE	EA n	atio	nal	(BL	OCK	CA	NPIT.	ALS	5)											
Sig	Signed by EEA national																					
Dat	e:																					
	Name of Parent/Guardian of EEA national if aged under 18 (BLOCK CAPITALS)																					
<u>Nar</u>	ne o	f Pa	ren	t/Gu	ardi	ian d	of El	EA r	natio	onal	if a	ged	unc	ler 1	8 (E	3LO	CK (CAP	ITA	LS)		
Nar	ne o	f Pa	ren	t/Gu	ardi	ian d	of El	EA r	natio	onal	if a	ged	unc	der 1	18 (E	BLO	CK (CAP	PITA	LS)		
Nar	ne o	f Pa	rent	t/Gu	ardi	ian d	of El	EA r	natio	onal	if a	ged	unc	ler 1	8 (E	BLO	CK (CAP	PITA	LS)		
							of El									BLO	CK	CAP	PITA	LS)		
																BLO	CK	CAP	PITA	LS)		

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 50 and 51
- Immigration Service Delivery may contact your employer to verify the information you provided.

A 1	Name of employer (business or company)																											
	_			_			_																					
A2	Ту	ρ е (of b	usi	nes	ss (e.g	. se	rvic	es	offe	ere	d, p	roc	luct	s m	nad	e/so	old)									
A3	Ad	dre	SS	of b	usi	ines	SS																					
<u> </u>			<u> </u>									<u></u>		<u> </u>				السلم		<u> </u>	<u> </u>	ļ	<u> </u>	ļ	<u> </u>	<u> </u>		 <u> </u>
A 1	Bu	oin	200	- Eir		40						Δ.	5 C	ant	a ot	talc	anh	anc.	· 21	· mh	or f	for.	amı	دمام	or			
/ 44	Bu	SILIC	255		COL	je –			1			A	5 Co	Dina	3Ct	leie	;biri	One	Hu	מוזו	ei i	OI (SIIII	DIO	/ei			
											I		\perp								\perp						\perp	
Α6	Wł	nat	dat	e d	id y	/ou	sta	rt y	our	en	olar	υγm	nent	t wi	th t	he l	ous	sine	ss?									
						. —					- T	,																
D	D	/	N	1 1	M /	/ <u> </u>	Y	Y	Y	Y																		
4.7	-11-								1				1				0											
Α/	Но	w n	nar	ıy n	ıour	rs p	er v	vee	k a	о у	ou	WO	rk o	n a	iver	age	9?											

A8 Salary/Wages	A9 Frequency of payment (✓)
€	Weekly Fortnightly Monthly
	• •
A10 Please indicate what type	of employment this is (✓)
Permanent full time	Part time Temporary
If you answered Tempora expected duration of the o	

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 an employer to verify the information provided

В1	Na	me	of	bus	sine	ess	or c	om	ıpaı	ny																		
								1																				
B2	Ту	ре	of b	usi	nes	ss (e.g.	se	rvic	es	offe	ere	d, p	roc	luc	ts r	nad	le/s	old))								 1
B3	Ad	dre	SS	of b	us	ines	SS					ı	ı	ı	1	ı			ı	ı						_		
													ı			ı								.1				
R4	Ru	ıcin	ക്കാ	s Eir	CO	de						R 5	i Cc	nta	ct ·	tele	nha	one	nu	mh	≏r f	or I	hile	ine	99			
							T									COIC	PIR		T			01 1				Т		
В6	Wł	nat	dat	e d	id t	his	per	sor	n st	art	the	ir e	mp	loyr	ne	nt v	vith	the	bu	sin	ess	?						
D	D		N	1 1	Λ,	/	Y	Y	Υ	Y																		
	1			1		1	ı																					
В7	Но	w r	nar	ıy h	oui	rs p	er v	vee	k d	oes	s th	is p	ers	on	WC	rk	on a	avei	rag	e?								
	B8 Salary/Wages B9 Frequency of payment (✓)																											
B8	Sa	lar	y/W	age	es							В	9 F	-rec	que	enc	/ of	pay	/me	ent	(▼))						
€															V	/ee	kly			For	tniç	ghtl	y [Мо	nth	ıly	

B10 Method of Payment (✓)	
Cash Cheque EFT (e	electronic funds transfer) Other (Please explain below)
B11 Please indicate what type of employment	this is (✓)
Permanent full time Par	t time
B12 Name (employer or authorised person)	
B13 Position held in the company	
I can confirm that	(name of employee) has been, and is
currently, employed by	(name of company) as set out
above.	
B14 Signature	
	Company stamp or seal (If you do not have one, e "None")