

FORM RES4

Application for immigration permission for a de facto partner

Who is this form for?

- This form is to be completed by the De Facto partner applying for permission to remain in
 the State on the basis of De Facto Partnership with an Irish National or legal resident in
 Ireland on a Stamp 1, 4 or 5 (the Sponsor), as set out in Policy Document on Non-EEA
 Family Reunification available at INIS website: www.inis.gov.ie
- This form should be completed by a person who is unable to register with the Garda National Immigration Bureau as the de facto partner of an Irish National or legal resident on stamp 1,4 or 5.
- Do not complete this form if applying for residence under EU Treaty Rights. Please check the INIS website for the appropriate EU form: www.inis.gov.ie

How to complete this form:

- Please complete this form in CAPITAL letters and place a tick in the relevant box
- You must complete all sections of this form fully. The three Statutory Declarations in Section 8 must be signed before a relevant authority. Incomplete applications cannot be processed and will be returned.
- You must submit photocopies of supporting documents for each individual application
- You must complete the checklist for each individual application
- To be eligible for De Facto Partnership Immigration Permission, you must meet the following criteria:
 - 1. The Applicant and the Sponsor must be in the State when the application is made.
 - 2. The Applicant must be legal in the State.
 - 3. The Applicant and the Sponsor must be cohabiting together for at least 2 years prior to submitting the application.

- Please note that certain documents are required to be submitted with this form. Please
 refer to the checklist in **Section 9**. Please submit photocopies of documents unless
 otherwise requested as it is not possible to return any documentation that is submitted with
 your application. Do not submit folders, bound documents or photograph albums.
- If you are presently unable to provide any of the information or details requested in any of the relevant sections, please explain the reasons in **Section 7** of application form.
- A decision will be taken on the application no later than six months from the date of receipt of a fully completed application form together with the relevant supporting documentation.
- While your application is being processed the onus is on you, the applicant, to advise this
 office of any change in your circumstances (including change of residence or change in
 activities of the Sponsor). You must submit new supporting documentation as
 appropriate.
- Do not submit the application form without ensuring that you are eligible for the scheme.
- Do not submit the application without properly completing the Statutory Declarations and enclosing all of the required documentation specified below in the document checklist. If documents are missing or if the form is not fully completed, your application may be refused.

Where to send your completed application form

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

De Facto Relationship Application
Domestic Residence & Permissions Division
Immigration Service Delivery
PO Box 12695
Dublin 2
D02 XK70

- We recommend you send your application by Registered Post
- Registered Post can be tracked on the An Post website <u>www.anpost.ie</u>

Data Privacy Notice

The Domestic Residence and Permissions Division (DRP), Immigration Service Delivery (a part of the Department of Justice) will treat all information and personal data that you provide as confidential, in accordance with the EU General Data Protection Regulation and the Data Protection Act, 2018. Information provided to the Department of Justice will only be shared with other approved organisations in accordance with appropriate legislation.

The full text of the Privacy Notice for Immigration Service Delivery can be found on our website at https://www.irishimmigration.ie/privacy-policy-and-cookies/

The full text of DJE's Data Protection Policy can be found at: http://www.justice.ie/en/JELR/Pages/Data Protection/

I acknowledge that I have read and understood the information outlined above, which relates to my data protection rights.
I confirm that the information provided in the form below is true to the best of my knowledge
Name
Signature
Date
Name of Parent/Guardian of applicant aged under 18 years:
Signature of Parent/Guardian
Date

Section 1

Applicant's personal details

1.1	Surr	nan	ne / I	Fam	ily n	ame	e (as	s in	pass	spo	rt)													
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1.15 Old Department Reference Number (if applicable) 6 9
1.16 GNIB Registration Number(if applicable)
Section 1 A Passport or travel document details
In this section you will need to provide details about your passport, or other travel document.
1.9 Document number
1.13 Date of issue
D D / M M / Y Y Y
1.13 Date of expiry
D D / M M / Y Y Y Y
Section 2 Relationship History
2.1 Date and Place of Meeting
2.2 Date of Commencement of Relationship
2.3 Date of Commencement of Cohabitation

2.4 Relationship history and future plans, e.g. marriage.	
Section 3 Applicant's immigration history	
I.13 Date of arrival in the State	
D D / M M / Y Y Y	
3.2 Place of arrival in the State	
3.3 Status on arrival in thestate (✓)	
Asylum-seeker Visitor / (C-Visitor Visa)	
Student Employment Permit or Green	ı Card
De Facto Partner of Irish National / (D-	
Join Visa) Other	
f "Other", please give details:	
3.4 Have you previously resided in the	
State? Yes No	
If "yes", please give details)	
3.5 Have you ever been convicted of any criminal offence in the State or abroad?	
If "yes", please give details)	

3.6 Are there any criminal charges pending against you in the State or abroad?													
(If "yes", please give details)													
3.7 Have you ever been deported from the State?													
3.8 Have you submitted a Police Clearance for any Country in which you have resided for the past 5 years? 3.9 Have you applied for De Facto Partner Permission before? If you answered yes, No No													
Section 4 Details of partner													
4.1 Surname / Family name (as in passport)													
4.2 Forename(s) (as in passport)													
4.3 Other name(s) (maiden name, name at birth, and any other names by which you are or have been known)													
(maiden name, name at birth, and any other names by which you are or have been known)													
4.4 Current Residential Address in Ireland													
4.4 Current Residential Address in Ireland													
4.5 Date of Birth 4.6 Gender 4.7 Marital Status													
Day Month Year Male Female													
4.8 PPS Number:													

4.9 Country of Birth	4.10 Date of arrival in the State
	(if applicable)
	Day Month Year
4.11 Passport Number	4.12 Present Nationality
	The second Hadrestand
440 D	14.0 1 1.T.1 N. I
4.13 Department Reference Number(if applicable)	4 Contact Telephone Number
(iii dppiiodzio)	
4.15 Email Address	
T. 10 Email / Address	
Section 5 Current activity of partner in	the State
Section 5 Current activity of partner in	i tile State
5.1 Type of activity (✓)	
(A) Employment (B) Self-employm	ent (C) Study
	ent (C) Study
(D) Involuntary (E) Residing with	sufficient resources
Please fill out Parts (A - E) below as applicable to the o	current activity of the Partner
(Sponsor) in the State.	
NOTE : it is important to provide accurate contact details fo	or employer/college as they may be
contacted to verify the information provided.	
(A) Employment (or vocational training)	
(A) Employment (or vocational training)	
5.2 Name of employer	
5.3 Employer's contact telephone number	5.4 Number of hours worked each
	week
5.5 Employer's amail address	
5.5 Employer's email address	

																					<u></u>
	(B) Self-employment																				
5.7	5.7 Name of business																				
5.8	5.8 Nature of business																				
	5.8 Nature of business																				
5.9	Add	lres	s of	bus	sines	ss							1		1	1	T		ı	<u> </u>	
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(D) l	nvo	lunt	ary	une	mpl	oym	ent														
E 4 4	(D) Involuntary unemployment 5.14 Name of last previous employer																				
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	5.16 Last previous employer's contact telephone number Day Month Total duration of all provious. 5.17 Date employment ceased Day Month Year																			
5.18	5.18 Total duration of all previous5.19 Registered as job-seeker(✓)																			
	employment in the State Years Month Services Department of Social Protection																			
/=\ r																				
(E) l	(E) Residing with sufficient resources																			
5.20	0 De	etails	s of	fina	ncia	al res	sour	ces												
E 24	5.21 Private Medical insurance (✓)																			
5.21	\neg	es	ivie		No		nce	(<i>V</i>)												

Section 6 Dependent children

- **6.1** If the applicant has dependent children who intend to live with the Applicant and Sponsor in Ireland, please provide:
 - 1. Copies of Birth Certificate(s) and passport(s) of the child(ren).
 - 2. Evidence that the Applicant is the child's legal guardian and
 - 3. Evidence that the Applicant has sole custody and guardianship of the child(ren)
 - 4. Evidence that the Applicant and any dependent child(ren) are covered by private medical insurance.

Section 7 Additional information

be advised t	unable to pro	vide any of t	he information	on or details r	lication. Please equested within

Statutory declarations

Statutory Declaration: Applicant

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

I hereby apply for residence permission for myself. I make the following declaration under the Statutory Declaration Act 1938.

The information I have given is complete and is true to the best of my knowledge. I confirm that if, before my application is decided, there is a material change in my circumstances or new information relevant to this application becomes available, I will inform the De facto Partnership Unit of the Department of Justice and Equality in writing immediately. I understand that any false or misleading information or fraudulent supporting documentation submitted will result in the refusal of this application.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under Section 6 of the Statutory Declarations Act 1938 and shall be liable on summary conviction to a fine or, at the discretion of the court, to imprisonment.

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

Applicant Signature	Date
	Day Month Year
Declared before me	[name in capitals] a [solicitor] [notary public] sioner] to take and receive statutory declarations by
name	Applicant
[who is personally known to me]	

[whose identity has been established to me before production to me of passports	the taking of this Declaration	n by the
Applicant passport NoDate of	ssuelssui	ng Authority
Signed by [solicitor] [notary public] [commissioner for oaths] [peace commissioner]	Date	
Day Month Year		
		1
Stamped by relevant Authority [solicitor] [notary public] [commissioner [peace commissioner]		for oaths]

Statutory declaration: Partner (Sponsor)

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

The information given in this form is complete and is true to the best of my knowledge. I confirm that if, before the application is decided, there is a material change in my circumstances or new information relevant to this application becomes available, I will inform the DeFacto Partnership Unit of the Department of Justice and Equality in writing immediately. I understand that any false or misleading information or fraudulent supporting documentation submitted will result in the refusal of this application.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under Section 6 of the Statutory Declarations Act 1938 and shall be liable on summary conviction to a fine or, at the discretion of the court, to imprisonment.

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

Signature of Sponsor	Date		
	Day	Month	Year
by Declared before me_ [notary public] [commissioner for oaths] [indeclarations	peace commissioner]	_[name in capitals] a to take and receive	[solicitor] statutory
Name of Sponsor			
[who is personally known to me] or [whose identity has been established to m production to me of passports	ne before the taking of	this Declaration by	the
Sponsor passport No. Authority	Date of iss	ue	_ issuing

Signed by [solicitor] [notary public [commissioner for oaths] [peace	
Day Month	Year
Stamped by relevant Authority [solicitor] [notary public] [commissioner for oaths] commissioner]	[peace

Statutory declaration: <u>Supporting witness</u>

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

Name	
Address	
Applicant's name	
1. How long have you known this person	
Name of Applicant's	partner
2. How long have you known this person	
3. State how you know the applicant and the applicant's partner and indicate how in contact with them	woften you have beer

4.	State whether you believe the relationship of the applicant and his/her partner to be continuing, and give your reasons for your belief.	genuine and
5.	State any reasons you wish to add in support of the application.	
un	eclare that the information I have given is complete and is true to the best of my know derstand that any false misleading information or fraudulent supporting documentation submitted will result ir	_
	s application.	Title relusar or
	nderstand that a person who intentionally makes a false statement in a statutory decl an offence	aration is guilty
	der Section 6 of the Statutory Declarations Act 1938 and shall be liable on summary of eor, at the	conviction to a
	scretion of the court, to imprisonment.	
Sig	gnature of Supporting Witness Date	
		,
Мс	onth Year	
De	clared before me[name in capitals] a [soli	citor] [notary
pu	blic] ommissioner for oaths] [peace commissioner] to take and receive statutory declaratio	
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Name of Supporting		Witness
[who is personally known to me] or [whose identity has been established to me of passports	before the taking of this Declaration	by the production to me
Witness passport No.	Date of issue	issuing Authority
Signed by [solicitor] [notary public] [commissioner for oaths] [peace commission	oner] Date Date Day Month	Year
Stamped by relevant Authority [solicitor] [notary public] [commissioner for oaths] [peace		commissioner]

Section 9 Document checklist

In this section you will need to provide a list of which supporting documents you have supplied. Please provide **photocopies** of the documents requested below. It is advisable to send your application form and documentation by **registered post**

Document description	Tick if you have submitted	Number of pages
Identity documents		
Passport of the applicant		
Passport of the sponsor		
Evidence of relationship of applicant with Sponsor (please provious relationship, i.e, A history of the relationship when the particular relationship began		
Evidence of cohabitation of 2 years or more (in Ireland or another country)		
Evidence of financial inter-dependence, i.e Joint accounts, Joint purchases)		
Financial Statements covering the previous 6 months		
Evidence of contact, i.e letters, emails, facebook etc		
Detailed relationship history incl time spent together i.e photographs, air tickets, etc		
Evidence of residence in the State		
If renting: Letter from landlord/agency, rental contract, rent book or tenancy agreement (dated)		
Letters of Registration of Tenancy from the Residential Tenancies Board(dated)		
Utility bills in the names of both the applicant and the Sponsor (dated)		
Proof of rent paid, e.g bank statements (dated)		
If Home-Owning: Letter from mortgage provider, local authority or County Council (dated)		
Title or deeds (as applicable)		

Utility bills in the names of both the applicant and the Sponsor, also bank statements showing mortgage payments (dated)		
If other please state, e.g Living with family member		
Evidence of current activity of Sponsor in the State Please provide supporting documents for the current activity as per S	ection 5, Parts (A – E)
(A)Employment		
Current letter from employer setting out terms, conditions and hours of employment and/or signed contract of employment		
Two recent payslips and previous 3 years P60's		
Bank statements for you and your partner for the last six months		
(B)Self employment		
Agreed Tax Assessment from the Revenue Commissioner for the last financial year (if applicable) or Letter of Registration for Self-Assessment (Income Tax) from the Revenue Commissioners		
Bank Statements of the business for the last six months		
Bank Statements and /or other evidence of financial resources		
(C)Study		I
Letter from college/course provider including course description, start date and completion date		
Evidence of Private Medical Insurance (for sponsor and applicant)		
Bank statements and/or other evidence of financial resources		
(D)Involuntary unemployment		
Letter from Department of Social Protection with details of benefit claims		
Letter from Employment Services Office acknowledging registration as a jobseeker		
Letter from previous employer outlining circumstances of end of employment		
P60's for prior two years of employment and P45 from last employment		
(E)Residing with sufficient resources		
Evidence of financial resources and corresponding bank statements(minimum 6 months)		
Letter from Department of Social Protection with details of any benefit claims(or stating that there are no claims)		

Evidence of Private Medical Insurance (for Sponsor and Applicant)	
(F)Criminal convictions	
A Police Clearance Certificate is required from any Country you resided in over the last 5 years. The Certificate must be no more than 6 months old at time of application.	

Submission of incomplete forms or failure to submit all requested documentation will result in the automatic return of your application. Please ensure that all documents submitted have your name address and date included.

Please return completed forms and documents to:

De Facto Partnerships Residence Division – Unit 5 Irish Naturalisation and Immigration Service PO Box 12695 Dublin 2