



Temporary Permission to Remain (Stamp 0) Renewal Form

This form is for: People who wish to renew their Stamp 0 permission.

- **You should use this application form if you wish to renew your Stamp 0 permission.**

There are two renewal pathways:

- Elderly Dependent Parents
- Person of Independent Means

Please indicate with the tick box (✓) what Stamp 0 pathway you are renewing on:

I wish to apply as an Elderly Dependent :

I wish to renew as a Person of Independent Means:

How to complete this form:

- Complete all sections of the form fully using a computer, smartphone, or tablet.
- All sections must be completed, and the required documentation must be provided.
- The Agreement Statement in Section 5 must be signed.

Where to send your completed application form

- Remember to save the form after filling it in completely.
- Submit the completed form and any supporting documentation using the ISD Online Portal at the following address - <https://portal.irishimmigration.ie/en/>.
- On the Portal submit an application with the following pathway – Domestic Residence and Permissions>Submit an application> Stamp 0 Renewal
- Further documentation may be requested from you if required. Requests will be issued to your email correspondence address.

Data Privacy Notice

1. The data you provide in this form and in associated correspondence is collected by the Immigration Service Delivery (ISD), a part of the Department of Justice. The data controller for the information you provide is the Department of Justice. The data controller's contact details are: Domestic Schemes – Residence Division, Immigration Service Delivery, the Department of Justice, 13 – 14 Burgh Quay, Dublin 2, D02 XK70.
2. You can contact the Data Protection Officer for the Department of Justice by writing to Data Protection Officer, Department of Justice, 51 St Stephen's Green, Dublin 2, D02 HK52. Or by email to dataprotectioncompliance@justice.ie
3. We will use the personal data you provide in this form and in associated correspondence for the purpose of assessing your eligibility for permission to remain in the State, and verifying your identity and the identity of the other people named in this form.
4. We may also use the personal data provided in this form and in associated correspondence as part of any future considerations regarding the applicant's immigration or status.
5. We collect and process this data in order to comply with our legal obligations or to perform tasks in the public interest. The specific basis for collecting and processing this data is as follows: To fulfil the function of the Minister for Justice (Management of inward migration to the State (Immigration) as designated in the Ministers and Secretaries Act 1924 (as amended).
6. We are obliged to collect and process this data to ensure the effective and efficient operation of the immigration services of Ireland, which fulfils an important public interest.
7. The personal data provided here will be stored securely in the immigration service's databases. It may be shared, if necessary, with the following third parties: • Government departments and agencies; • An Garda Síochána.
8. The personal data you provide in this form and in associated correspondence is necessary for us to process your application and to issue a decision, whether for you or on behalf of a minor. If you do not provide this data, the application cannot be processed.
9. This data may be retained until we can be sure that you will not have any further contact with the immigration services. This is an indeterminate period as your immigration history in the State may span a full lifetime. It will be referred thereafter to the Director of National Archives for appraisal under the National Archives Act 1986.
10. You and any person named in this form have the right to request access to, and a copy of, your personal data that we process. You can do this by filling in a Subject Access Request form, available at www.justice.ie/en/JELR/Pages/Data_Protection, and sending it to subjectaccessrequests@justice.ie. You may be required to verify your identity before we send the information to you.
11. You and any person named in this form have the right to request us to rectify any errors in your data or to erase your data, as well as to seek a restriction of the processing of your data or to object to the processing of your data in certain circumstances. To do this you should write to Data Controller, Domestic Residence Permissions, Immigration Service Delivery, the Department of Justice, 13-14 Burgh Quay, Dublin 2, D02 XK70, explaining what errors need to be rectified or erased or your reasons for seeking the restriction of, or objecting to the processing.
12. You have a right to lodge a complaint with the Data Protection Commission if you believe we are processing your personal data unlawfully. Information about how to make a complaint can be found on www.dataprotection.ie or Data Protection Commission, 21 Fitzwilliam Square South, Dublin 2, D02 RD28. I acknowledge that I have read and understood the information provided above by the Department of Justice for the purposes of ensuring fair and transparent processing of my personal data.

Signature (may be typed): _____

Date:

Section 1 Personal Details of the Applicant

In this section you will need to provide the following personal details about yourself.

1.1 Surname(s) (as shown in passport)

1.2 Forename(s) (as shown in passport)

1.3 Date of birth

1.4 Current Address

1.5 Email address

1.6 GNIB Registration Number (located on back of IRP Card)

1.7 Passport Number

1.8 Passport Issue Date

1.4 Passport Expiry Date

Section 3

Sponsor's Personal Details (Elderly Dependent Only)

If you have a sponsor, you will need to provide details about your sponsor in this section. If there is more than 1 sponsor please provide additional details on Section 3B.

3.1 Sponsor's Surname(s) (as shown in passport)

3.2 Sponsor's Forename(s) (as shown in passport)

3.3 Sponsor's Date of birth

3.4 Sponsor's Current Address

3.4 Sponsor's GNIB Registration number (located on back of IRP Card)

3.4 Sponsors relationship to Applicant for example Son/Daughter

Section 3B

Additional Sponsor's Personal Details (Elderly Dependent Only)

3.5 Additional Sponsor's Surname(s) (as shown in passport)

3.6 Additional Sponsor's Forename(s) (as shown in passport)

3.7 Additional Sponsor's Date of birth

3.8 Additional Sponsor's Current Address

3.4 Additional Sponsor's GNIB Registration number (located on back of IRP Card)

Section 5

Agreement Statement

The following statements must be read, understood, and affirmed by the applicant (and their sponsor/s if applying as an Elderly Dependent).

Applicant Agreement (Either Elderly Dependant or Persons of Independent Means)

I have been offered temporary and limited immigration permission on the following conditions:

- I am not permitted to work.
- I am not permitted to establish or operate a business in the State.
 - I am not permitted to engage in a profession in the State.
- The person or organisation sponsoring my presence in the State is responsible for providing me with accommodation and my general up-keep.
 - I am not permitted to have a family member join me on the basis that I am resident in the State.
- I am not permitted to receive any State benefits, nor is my sponsor in the State permitted to apply for any State benefits on my behalf.
- I have private medical insurance to cover the duration of my stay and it covers me for medical treatment and hospital accommodation in this State.
 - I must abide by the laws of the State.
 - I will reside in the State continuously.

I understand and agree to these conditions and I further understand that if I do not adhere to all of these conditions my immigration status may be varied or not renewed.

Applicant signature (may be typed): _____

Date:

Sponsor Agreement (Elderly Dependant only)

I/We will bear personal complete financial responsibility for the above named (subject of the elderly dependent relative application) and we undertake to fully reimburse any State funds availed of by the above named.

Sponsor signature (may be typed): _____

Additional Sponsor name (if applicable): _____

Date:

Section 6

Document checklist – Renewal application

	Tick if you have submitted
Applicants documents	(✓)
Copy of biopage of passport	
Evidence of finances available to you, i.e. Pension/savings etc...	
Copy of private medical insurance with full cover in private hospitals	
Sponsor documents	
Employment detail Summary from Revenue for the last year	
Six recent payslips	
Bank statement for previous 6 months	

Person of Independent Means – Required Documents	Tick if you have submitted
Applicants documents	(✓)
Copy of biopage of passport	
Evidence of Finances verified by an Irish based Accountants	
Evidence of any finances available to you (e.g. six months of bank statements and pension/savings)	
Copy of private medical insurance with full cover in private hospitals	

Please remember to save this form after filling it in completely