

Application for national visa (D-visa) for Sweden

Photo						

This application form is free

Use this form if you are outside Sweden and want to apply for a visit to Sweden for more than three months and up to one year. Submit your application to a Swedish authority abroad (embassy, consulate or equivalent). They take a decision on the application and you should check with them what attachments you must submit. If you wish to extend an ongoing visit to Sweden you must instead apply o the form Application for visitor's permit no.

165011.					
1. Surname (Family name)					FOR OFFICIAL USE ONLY
2. Surname at birth (Former family name(s))					Date of application:
3. First name(s) (Given name(s))					Application number:
4. Date of birth (day-month-year) 5.	. Place of birth		7.Current na	ationality	Application lodged at:
6.	. Country of birth			at birth, if different	
8.Sex 9.	. Civil status		Other nation	lanues	☐ Embassy/consulate
Male Female Single Married Registered Partnership Separated Divorced Widow(er)					
Other (please specify):					_
10. Parental authority (in case of minors) /legal guardian (surname, first name, address, if different from applicant's, telephone no., e-mail address, and nationality)					Other:
11. National identity number, where applicable					
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12. Type of travel document Ordinary passport Diplomatic passport Service passport Official passport Other travel document (please specify):					File handled by:
13. Number of travel document 14	14. Date of issue 15. Valid until 16. Issued by (country)			Supporting documents: Travel document	
17. Personal data of the family member who is an EU, EEA or CH citizen if applicable Surname (Family name) First name(s) (Given name(s))					☐ Means of subsistence☐ Invitation☐ TMI
Date of birth (day month year) Na	ationality	Number of travel document or ID card		☐ Means of transport ☐ Other:	
18. Family relationship with an EU, EEA or CH citizen if applicable					
☐ Spouse ☐ Child ☐ Grandchild ☐ Dependent ascendan ☐ Registered Partnership ☐ Other:		Visa decision: ☐ Refused			
					☐ Issued: ☐ D
19. Applicant's home address and e-mail address Telephone no.			☐ Valid From		
20. Residence in a country other than the country of current nationality No					Until
Yes. Resident permit or equivalent					Number of entries
21. Current occupation					Number of days:
22. Employer and employer's address at establishment.	and telephone number.	For students, n	ame and add	ress of educational	

23. Purpose(s) of the journey Tourism Business Visiting family or friends Official visit Medical reasons Study Other (please specify):	Cultural Sports				
24. Name and address of inviting company/organisation/person Surname, first name, address, telephone no. and e-mail address of col	ntact person				
25. Information on purpose of stay					
26. Intended date of arrival of the first intended stay in the Schengen area Intended date of departure from the Schengen area after the first inter					
I am aware that the visa fee is not refunded if the visa is refused.					
I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted. I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 6(1) of Regulation (EU) No 2016/399 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.					
Place and date	Signature (signature of parental authority/lega	al guardian, if applicable)			