

To be filled out by the authority

Case number	Signature
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Application for a visitor's residence permit

Use this form if you want to apply for a permit to visit Sweden for more than 90 days. You should also use this form if you want to extend your on-going visit in Sweden and the total length of the visit would then be longer than 90 days.

You can find the form and more information at www.migrationsverket.se. Please complete the form on your computer, as this makes it easier for us to process the case. If all of the information in the application is filled in and all necessary documents are included, the waiting time will be shorter. Do not forget to sign the form.

If you want a representative to represent you, you must fill in the form Power of attorney, 107011. If you want the person you are to visit to receive the entire decision, you will also need to fill in an authorisation for that person.

Once the Swedish Migration Agency has made a decision, you may be informed of the decision through simplified service. Simplified service means that the Swedish Migration Agency sends the decision in a regular letter to the address you have said that you live at. The following day, we send a new letter to the same address with information that we have sent a decision. In this way, the Swedish Migration Agency considers that you have received the decision (been served) two weeks after we sent it to you. After that, you have three weeks to appeal the decision.

I am applying for a permit because I

<input type="checkbox"/> want to travel into and visit Sweden for more than 90 days	(O)
beginning on _____ up to and including _____	(YYYY-MM-DD)
<input type="checkbox"/> want to extend my visit so that the total time in Sweden will be longer than 90 days	(OA, OI, OX, OVX)
up to and including _____	
My visa is valid as of _____ up to and including _____	for days
If the visa is issued by a country other than Sweden, state which country _____	
My visa or visa exemption period expires on (YYYY-MM-DD)	

I am applying for the entire planned stay	<input type="checkbox"/> No	<input type="checkbox"/> Yes
I have a permit in another Schengen country	<input type="checkbox"/> No	<input type="checkbox"/> Yes, which _____
My latest entry into Sweden/Schengen was on (YYYY-MM-DD)		
If yes, state when and how long _____		
I have visited Sweden before	<input type="checkbox"/> No	<input type="checkbox"/> Yes

I am applying for a permit

<input type="checkbox"/> to visit relatives	<input type="checkbox"/> as an exchange doctoral student
<input type="checkbox"/> to visit friends	<input type="checkbox"/> for religious purposes
<input type="checkbox"/> to visit my partner	<input type="checkbox"/> for volunteer work or as a trainee
<input type="checkbox"/> for a business visit or conference visit	<input type="checkbox"/> for another reason
<input type="checkbox"/> as a tourist	<input type="checkbox"/> on the basis of an extraordinary event
<input type="checkbox"/> for medical treatment or the equivalent	

Requirements to receive a visitor's permit for Sweden

To be eligible for a visitor's permit, you must

- have a valid passport (the passport must be valid for at least three months after the end date of the visit)
- be able to support yourself during the time you will be in Sweden
- have a return ticket or money to buy a ticket.

1. Explain why you want to apply for a visitor's permit in Sweden

Describe the reason why you want to visit Sweden or stay longer (you can provide several reasons)

2. Personal details

Surname (family name)	Previous surname, if any
First name(s)	Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Citizenship	Previous citizenship
Place of birth	Country of birth
Native language	I also speak or write (language(s))
Are any of your relatives applying for a permit with you?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (co-applicants must submit their own application)	
Sex	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital status	
<input type="checkbox"/> Unmarried <input type="checkbox"/> Married (including registered partner) <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower	

3. Contact details

3.1 My address in the land where I reside permanently

c/o	Street address
Postcode	Place
Country	Daytime telephone number

3.2 My address in Sweden (If different than in point 3.1)

c/o	Street address
Postcode and place	Daytime telephone number

3.3 Email address

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4. Current occupation

If the application concerns a child under 18. What does the child do in his or her home country? As: the child goes to school and has a school holiday.

My means of support in my home country	Profession or occupation
Employer	Employed since

Mark the box that applies best in your situation

<input type="checkbox"/> I work and have a holiday	<input type="checkbox"/> I have quit my job	<input type="checkbox"/> I have other means of support
<input type="checkbox"/> I work and have a leave of absence	<input type="checkbox"/> I am a job seeker	<input type="checkbox"/> I am self-employed
<input type="checkbox"/> I study and have a holiday/leave from studies	<input type="checkbox"/> I have my own funds	<input type="checkbox"/> I am a pensioner

5. My means of support during the visit in Sweden

Own money. I have SEK _____
 Another person is providing my means of support

6. My passport details

<input type="checkbox"/> National passport	<input type="checkbox"/> Other passport (state type)	Passport number
Passport issued by		Issued date
		Valid until (YYYY-MM-DD)

7. Family details

You must here list your (the applicant's) parents, husband/wife/partner, children and siblings. If any child is not your own biological child, you must state your relationship to that child and any half-siblings in section 'Other information'. This form must also be filled in if you are applying for an extension.

7.1 My husband, wife or cohabiting partner

<input type="checkbox"/> I do not have any husband, wife or partner		<input type="checkbox"/> My husband, wife or partner has deceased	
Surname (family name)		Previous surname, if any	
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)	
Citizenship		Previous or other citizenship	
Applying together with me	Sex	Has children in Sweden	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> No	<input type="checkbox"/> Yes, number:
Country and place of residence		Has children in another country	
		<input type="checkbox"/> No	<input type="checkbox"/> Yes, number:

7.2 My children

<input type="checkbox"/> I do not have any children			
Surname (family name)		Previous surname, if any	
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)	
Citizenship		Previous or other citizenship	
Applying together with me	Sex	Has children in Sweden	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> No	<input type="checkbox"/> Yes, number:
Country and place of residence		Has children in another country	
		<input type="checkbox"/> No	<input type="checkbox"/> Yes, number:
Marital status			
<input type="checkbox"/> Unmarried <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:			

* Including registered partner

Surname (family name)		Previous surname, if any	
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)	
Citizenship		Previous or other citizenship	
Applying together with me	Sex	Has children in Sweden	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> No	<input type="checkbox"/> Yes, number:
Country and place of residence		Has children in another country	
		<input type="checkbox"/> No	<input type="checkbox"/> Yes, number:
Marital status			
<input type="checkbox"/> Unmarried <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:			

Surname (family name)		Previous surname, if any	
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)	
Citizenship		Previous or other citizenship	
Applying together with me	Sex	Has children in Sweden	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> No	<input type="checkbox"/> Yes, number:
Country and place of residence		Has children in another country	
		<input type="checkbox"/> No	<input type="checkbox"/> Yes, number:
Marital status			
<input type="checkbox"/> Unmarried		<input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:	

* Including registered partner

Surname (family name)		Previous surname, if any	
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)	
Citizenship		Previous or other citizenship	
Applying together with me	Sex	Has children in Sweden	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> No	<input type="checkbox"/> Yes, number:
Country and place of residence		Has children in another country	
		<input type="checkbox"/> No	<input type="checkbox"/> Yes, number:
Marital status			
<input type="checkbox"/> Unmarried		<input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:	

7.3 My parents

Surname (family name)		Previous surname, if any	
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)	
Citizenship		Previous or other citizenship	
Is the parent alive?	Sex	Has children in Sweden	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> No	<input type="checkbox"/> Yes, number:
Country and place of residence		Has children in another country	
		<input type="checkbox"/> No	<input type="checkbox"/> Yes, number:
Marital status			
<input type="checkbox"/> Unmarried		<input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:	

If the application concerns a child under 18

Is the parent submitting a permit application at the same time as the child?	Legal guardian
<input type="checkbox"/> Yes (Relatives must submit their own application)	<input type="checkbox"/> No <input type="checkbox"/> Yes

Surname (family name)		Previous surname, if any	
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)	
Citizenship		Previous or other citizenship	
Is the parent alive?	Sex	Has children in Sweden	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> No	<input type="checkbox"/> Yes, number:
Country and place of residence		Has children in another country	
		<input type="checkbox"/> No	<input type="checkbox"/> Yes, number:
Marital status			
<input type="checkbox"/> Unmarried		<input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:	
If the application concerns a child under 18			
Is the parent submitting a permit application at the same time as the child?	Legal guardian		
<input type="checkbox"/> Yes (Relatives must submit their own application)	<input type="checkbox"/> No <input type="checkbox"/> Yes		

7.4 My siblings

I have no siblings

Surname (family name)		Previous surname, if any	
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)	
Citizenship		Previous or other citizenship	
Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Country and place of residence		Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:			

* Including registered partner

Surname (family name)		Previous surname, if any	
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)	
Citizenship		Previous or other citizenship	
Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Country and place of residence		Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:			

Surname (family name)		Previous surname, if any	
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)	
Citizenship		Previous or other citizenship	
Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Country and place of residence		Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:			

Surname (family name)		Previous surname, if any	
First name(s)		Date of birth/Personal ID No. (YYYYMMDD-NNNN)	
Citizenship		Previous or other citizenship	
Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Country and place of residence		Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number:	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Widow/widower, year:			

8. The person or organisation that I will visit

Name (surname and first name(s) or organisation)	
Citizenship, if applicable	Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Address	Postcode and place
Email address	Daytime phone number
If it is also providing the means of support	
Monthly salary before tax	Employer

9. The person or organisation that is providing my means of support during the visit to Sweden (if different from who you will visit)

Name (surname and first name(s) or organisation)	
Citizenship, if applicable	Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Address	Postcode and place
Email address	Daytime phone number
Monthly salary before tax	Employer

10. Other information that the Swedish Migration Agency needs to be aware of

I plan to travel within the Schengen area during the time I am now applying for.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state which countries you intend to visit and how long	
I plan on leaving Sweden when the permit expires.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, state the reason why you do not plan to leave Sweden	
I will leave Sweden if my application is denied (if I am in Sweden).	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, state the reason that you will not leave Sweden if your application is denied	
I can return home	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, state the reason that you cannot return to your home country or to another country where you have a legal right to stay	
I have a return ticket	<input type="checkbox"/> Yes <input type="checkbox"/> No
The ticket is booked for, date	If no, how do you plan to travel home? <input type="checkbox"/> The ticket can be rebooked
I have valid medical expense insurance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The insurance is valid until, date	(YYYY-MM-DD)
I plan on working in Sweden during the visit.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have permission to live in a country other than my home country.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state country you have permission to live in	
I have permission to travel into the country I will go to after my visit in Sweden	<input type="checkbox"/> Yes <input type="checkbox"/> No
State country you will travel to after the visit in Sweden	

11. Other information

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12 The decision should be sent to

If you do not reside in Sweden; State the Swedish embassy or consulate-general you would like us to send your decision to

Contact the embassy or consulate-general before visiting to find out if they deal with migration issues and, if not, which embassy or consulate-general does.

If you reside in Sweden; State which address in Sweden you would like us to send your decision to

Documents that you should submit with your application

For the Swedish Migration Agency to be able to process your application for a visitor's permit in Sweden, you must enclose a copy of your passport, a valid residence permit in another Schengen country if you already have one and a copy of your guarantor's home country passport or ID card.

- copies of passport pages that show identity information, period of validity, visas and/or entry stamps (if you are in Sweden)
- a copy of a valid residence permit in another Schengen country if you already have one
- a copy of your guarantor's home country passport or ID card (if a person other than the one you are visiting will provide for your means of support)
- a receipt that shows that you have paid the application fee.

If the application concerns a child under 18 who is travelling without a legal guardian, you as the person representing the applicant must

- a birth certificate which states the parents' names
- a certificate or authorisation from at least one of the legal guardians. Use the form Power of attorney, 107011.
- a copy of the legal guardian's passport.

You must also include the following documents if you

are visiting a relative, friend or partner

- A copy of the ID card of the person you are visiting
- Invitation form, 249011 (if the application is turned in outside Sweden).

are going to make a business visit or conference visit

- Certificate from the company or the organisation that you are visiting.

are a tourist

- Appendix about your means of support.

will undergo a medical treatment or the equivalent

- Doctor's certificate. The certificate must include the doctor's name, department, care facility, diagnosis, treatment, post-treatment, time for treatment, cost and payment for the planned treatment and post-treatment
- Receipt of paid treatment or other support for the treatment.

are here for religious purposes (such as a monk, nun or missionary)

- Certificate from the religious organisation that includes the purpose of the visit and how long it is expected to last.

are going to work as a volunteer or a trainee

If it concerns European Solidarity Corps (MUCF), you must use form 157011.

- Certificate from company or organisation about the purpose of the visit and how long it is expected to last.

are an exchange doctoral student

- Invitation from the university in Sweden (The invitation must state how long the visit is expected to last.)
- Certificate or admission letter from your home university
- Certificate of means of support (own funds or scholarship).

are applying on the basis of an extraordinary event

- Annex about your means of support.

have another reason

- Annex about your means of support.

13. Declaration

I hereby solemnly declare that the information that I have provided is true and that I have not knowingly left out anything that may be of significance in the examination of the case and that I have read the information about the processing of personal data in the annex.

I am aware that it is a criminal offence to knowingly supply incorrect information or knowingly fail to mention a circumstance of importance to assessing my application.

NOTE: Unless signed, this form is invalid.

Place and date

Signature (for children under the age of 18 – guardian's signature)

14. Signature of the person or organisation providing the means of support

If the application is submitted in Sweden, the person or organisation providing the means of support during the visit must also sign the application.

I attest that I can support the applicant during the period to which the application pertains.

Place and date

Signature

Position in the organisation

Print name

Submission of the form

This form can be placed in the letter-box at the Swedish Migration Agency's service centre or sent to the Swedish Migration Agency at address:

The Swedish Migration Agency/Migrationsverket
Box 3100
903 03 UMEÅ
Sverige

Annex – Information on the processing of personal data

Note that this annex shall not be sent in to the Swedish Migration Agency.

General information

This information is provided to meet the information requirements pursuant to the EU General Data Protection Regulation (2016/679), hereinafter referred to as the “GDPR”.

Processing of personal data

The Swedish Migration Agency processes personal data that you provide in the application and during the Swedish Migration Agency’s handling of the application. The Swedish Migration Agency processes personal data pursuant to the GDPR and the Swedish Migration Agency’s register statute, i.e., the Act on the Personal Data of Aliens (2016:27). The Act on the Personal Data of Aliens includes regulations that mean that personal data may be processed without you having to provide your consent.

Swedish Migration Agency's responsibility

Personal data is collected by the Swedish Migration Agency, which is the personal data controller and is responsible for the processing of personal data in the application and in the handling. There may be exceptions in case it is another authority or organisation that processes the personal data that you submitted to the Swedish Migration Agency.

Processing of personal data at another authority or organisation

The personal data you submitted to the Swedish Migration Agency may also be processed at another authority (e.g., the Swedish Tax Agency or a municipality) or organisation, provided that they have the right to process the personal data. That authority or organisation may in these cases be responsible for the processing of personal data.

Purpose of personal data processing

The Swedish Migration Agency processes your personal data for multiple purposes. The Swedish Migration Agency saves personal data in order for the application process to be carried out, i.e., processing a case concerning, e.g., a residence or work permit. This may also refer to automatic processing, including automatic decisions. The Swedish Migration Agency also processes your personal data to identify you, produce statistics, conduct registration, follow-up, plan, retrace decisions and release information to other authorities. Your personal data is also used in registers of applicants and in archiving at the Swedish Migration Agency.

Checks

The Swedish Migration Agency will use the personal data for checks in registers, which are necessary to make a decision in the matter. This may involve, for example, checking if you are registered in the Schengen Information System (SIS) and if you appear in the Swedish register of suspects and criminal records (MR/BR).

What data

The data the Swedish Migration Agency intends to collect and process include name, personal identity number, address, contact information and other information that is needed to process a case, for example. Depending on what the application concerns, photographs and fingerprints may also be processed.

Transfer of personal data

After a review, your personal data may be released to those who need access to the information as a result of a legal obligation, a task of public interest, such as statistical information, or a task in connection with the exercise of public authority, where a processing of the information is necessary. The Swedish Migration Agency may forward personal information submitted if the Swedish Migration Agency is the wrong body for the information and it should be forwarded to the correct recipient. Transfer of personal data takes place in accordance with personal data or secrecy legislation.

Rights

You have the right to obtain information from the Swedish Migration Agency on what data there is on you and you can request correction, transfer, deletion or restriction of your personal data.

The Agency's address is:
Swedish Migration Agency
601 70 Norrköping

Website address: www.migrationsverket.se
Phone +46-(0)77-123 52 35
Registration number 202100-2163

If you request that your personal data be deleted, it is important to know that there are requirements that personal data shall be preserved according to national archive rules.

You can contact the Swedish Migration Agency's data protection officer at the address dataskyddsombud@migrationsverket.se if you have questions about the personal data processing. You also have the right to file a complaint with the Swedish Authority for Privacy Protection (www.imy.se) if you believe that the Swedish Migration Agency is processing your personal data in an incorrect manner.