

## Application for Visitor's Permit

To be completed by the Migration Agency	
Case number	Signature

NB: Please read this first.

Use this form if you want to apply for a visitor's permit to visit Sweden for more than 90 days in a 6 month period (180 days). You can also use this form to extend your current visit in Sweden if the total visit will be longer than 90 days in a 6 month period (180 days). There is a special form for children under the age of 18: "Application for visitor's permit for a child under the age of 18" – MIGR 166011.

You can also find this form and more information on our website: [www.migrationsverket.se](http://www.migrationsverket.se). Please complete this form on a computer if possible. This makes it easier for us to process your application.

**I am applying for a visitor's permit because I ...**

- want to visit Sweden for more than 90 days from:..... until: ..... (O)
- want to extend my visit to Sweden for more than 90 days, up until: ..... (O, OX, OVX)
- My visa/my visa-free period expires on: .....

**1. My personal details**

Surname		Previous surname, if any	
Given name(s) (in full)			
Citizenship		Previous/other citizenship, if any	
Date of birth (year, month, day, ID-digits, if any)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with other persons <input type="checkbox"/> No <input type="checkbox"/> Yes
Place of birth		Country of birth	First language
Address		Postcode, Town/City	
Country	E-mail address		Daytime telephone number
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting <input type="checkbox"/> Engaged <input type="checkbox"/> Widow/widower			Other languages (spoken/written)
Financial support in home country		Occupation	
Employer		Employed since	
I am working and have vacation, am unemployed, on sabbatical or have resigned from my job (specify which)			
I am a student and have vacation or have paused my studies (specify which)			
I have visited Sweden before. (If yes – state when and how long) <input type="checkbox"/> Yes, I visited Sweden in ..... <input type="checkbox"/> No			
After my visit in Sweden I will travel to.....		I have a permit to enter that country. <input type="checkbox"/> Yes <input type="checkbox"/> No	

\* Having a registered partner counts as being married

## 2. My passport details

Type of passport	Passport number	
Which country/authority issued the passport?	Date of issue (year/month/day)	Valid until

## 3. Reasons for my visit to Sweden (Check the applicable boxes and answer the questions)

<b>Visiting relative(s)</b> <input type="checkbox"/>	Name of relative(s)
	Our family relationship
<b>Visiting friend(s)</b> <input type="checkbox"/>	Name of friend(s)
	We have known each other since
<b>Business</b> <input type="checkbox"/>	Name of company
<b>Other reason</b> <input type="checkbox"/>	State reason
Reason why I want to stay longer?	
Reason why I did not apply for a residence permit before I came to Sweden (You must answer this question if you are in Sweden!)	
I arrived on a visa from another member state (specify which state)	
<input type="checkbox"/> I will travel within the Schengen area during the period covered by this application. <input type="checkbox"/> I will <u>not</u> travel within the Schengen area during the period covered by this application..	I will visit the following countries:
<input type="checkbox"/> I am planning to live in Sweden. <input type="checkbox"/> I am <u>not</u> planning to live in Sweden.	I will live in Sweden from (date)
<input type="checkbox"/> I can return to my home country. <input type="checkbox"/> I <u>cannot</u> return to my home country.	Reason why I cannot return
<input type="checkbox"/> I have a return ticket. <input type="checkbox"/> I <u>do not</u> have a return ticket.	The ticket is valid until, date ..... <input type="checkbox"/> The ticket can be rebooked
<input type="checkbox"/> I have valid health insurance. <input type="checkbox"/> I <u>do not</u> have valid health insurance.	Health insurance valid until, date
<input type="checkbox"/> I have permission to live in another country than my country of origin <input type="checkbox"/> I do <u>not</u> have permission to live in another country than my country of origin	Country
My support/upkeep during my visit to Sweden <input type="checkbox"/> Own money. I have ..... kronor. <input type="checkbox"/> Another person is supporting me	
I will leave Sweden if this application is refused (if I am in Sweden). <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 4. Person or organisation I will visit (Reference person)

Name (Surname and first name or organisation)		
Personal Identity Number, if any	Citizenship, if any	Daytime telephone number
Address	Postcode and town/city	

E-mail address	
<b>The reference person will also support me financially</b>	
Reference person's monthly salary before tax	Reference person's employer

**5. Person or organisation that will support me during my visit (If someone other than reference person)**

Name (Surname and first name)		Personal Identity Number, if any
Address (street, postcode, town/city)	Citizenship	Daytime telephone number
Monthly salary before tax	Employer	
E-mail address		

**6. My address in Sweden (If different to that in 4.)**

c/o	Street address
Postcode	Town/city
Daytime telephone number	E-mail address

**7. Other information**

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**8. Please send notice of decision to**

Swedish mission abroad/address in Sweden
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**9. Documents I am including with my application**

- Copies of passport pages that show my identity and the passport's validity period.
- Appendix – Family details MIGR 239011.
- Documents that show I have guaranteed financial support for my time in Sweden.
- Copy of return ticket.
- Invitation (only for family visits). Not needed for extension if the person you are visiting can confirm the Migration Board in person when you submit your application.
- Proof of admission to University/school in home country (only for doctoral students).
- Certificate showing the reason for my visit (if you do not have an invitation to visit relatives).

## 10. Assurance

I promise that the information that I have provided is true and that I have not knowingly left out anything that could be important in an examination of this application. NOTE: The application is not valid without a signature.

.....  
Date and place

.....  
Signature

*A person who provides incorrect information in the application, or knowingly omits information that is of importance, can be fined or sentenced to imprisonment. See Chapter 20, section 6, paragraph 2 of the Aliens Act (2005:716).*

## If this application is made from Sweden

### 11. Signature of the person or organisation that will give financial support during the visit.

I promise that I can support the applicant during the period referred to in this application.

.....  
Place and date

.....  
Signature

.....  
Role at organisation

.....  
Write name