



DEPARTMENT OF JUSTICE AND EQUALITY
IRISH NATURALISATION & IMMIGRATION SERVICE



FORM EU1

DATE STAMP

(FOR OFFICE USE ONLY)

Application for a Residence Card For a qualifying family member of a Union citizen

2016-02

This form is to be completed by each non-EEA national applying for a residence card as the qualifying family member of a European Union citizen under the European Communities (Free Movement of Persons) Regulations 2015.

- This form must be completed in **BLOCK CAPITALS**. Where indicated, please place a tick (✓) in the appropriate box.
- Form EU1 should be used by a non-EEA national who is a qualifying family member — the spouse, civil partner, descendent (children, grandchildren), or dependent direct relative (parent, grandparent) of the EU citizen or of their spouse or civil partner. Family members who are not qualifying family members should apply on Form EU1A instead.
- You must fill out a separate application form for each non-EEA national seeking a residence card, including each minor child.
- All sections must be completed as required. Both declarations in **Section 5** must be signed. Incomplete applications cannot be processed and will be returned.
- Certain documents are required to be enclosed with this form. Please refer to the Form EU1 Explanatory Leaflet for details.
- A decision will be taken on the application no later than six months from the date of receipt of a fully completed application form with the relevant supporting documentation.
- While your application is being processed at this office, 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 EU citizen). You must submit new supporting documentation as appropriate.

Section 1 Applicant Details

1.1 Surname / Family name (as in passport)

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1.2 Forename(s) (as in passport)

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1.3 Other name(s) (maiden name, name at birth, any other names by which you are or have been known)

1.4 Date of Birth

		/			/				
Day			Month			Year			

1.5 Gender (please tick)

<input type="checkbox"/>	<input type="checkbox"/>
Male	Female

1.6 PPS Number

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1.7 INIS Person ID Number (if applicable)

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1.8 Old Department Reference Number (if applicable)

6	9	/		/		/	
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1.9 Nationality

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1.10 Relationship to EU citizen (please tick)

<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Dependent Parent
<input type="checkbox"/> Civil Partner	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Dependent Grandparent

1.11 Contact Telephone Number

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1.12 Email Address

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1.13 Current Residential Address in Ireland

1.14 Passport Number

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1.15 GNIB Registration Number (if applicable)

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1.16 Date of arrival in the State

		/			/				
Day			Month			Year			

1.17 Place of arrival in the State

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1.18 Status on arrival in the state (please tick)

<input type="checkbox"/> Asylum-seeker	<input type="checkbox"/> Visitor
<input type="checkbox"/> Student	<input type="checkbox"/> Employment Permit or Green Card Permit
<input type="checkbox"/> Family member of EU citizen	<input type="checkbox"/> Other

If "Other", please give details:

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1.19 Have you previously resided in the State? Yes No

(If "yes", please give details)

1.20 Have you been convicted of any criminal offence in the State or abroad? Yes No

(If "yes", please give details)

1.21 Are there any charges pending against you in the State or abroad? Yes No

(If "yes", please give details)

1.22 Have you ever been deported from the State? Yes No

1.23 Are you currently subject to a Deportation or Transfer Order made in Ireland? Yes No

(If "Yes", please specify) Deportation Order Transfer Order

Section 2 | Details of EU citizen of whom the applicant is a family member

2.1 Surname / Family name *(as in passport)*

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2.2 Forename(s) *(as in passport)*

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2.3 Other name(s) *(maiden name, name at birth, any other names by which you are or have been known)*

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2.4 Current Residential Address in Ireland

2.5 Date of Birth

		/			/				
Day			Month			Year			

2.6 Gender *(please tick)*

<input type="checkbox"/>	<input type="checkbox"/>
Male	Female

2.7 PPS Number

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2.8 Nationality

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2.9 Date of arrival in the State

		/			/				
Day			Month			Year			

2.10 Passport or National Identity Card Number

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2.11 Identification type *(please tick)*

<input type="checkbox"/>	<input type="checkbox"/>
Passport	National ID Card

2.12 Department Reference Number *(if applicable)*

6	9	/						/		
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2.13 Contact Telephone Number

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2.14 Email Address

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Section 3 | Current activity of the EU citizen in the State

3.1 Type of activity *(please tick)*

<input type="checkbox"/> (A) Employment	<input type="checkbox"/> (B) Self-employment	<input type="checkbox"/> (C) Study
<input type="checkbox"/> (D) Involuntary unemployment	<input type="checkbox"/> (E) Residing with sufficient resources	

Please fill out Parts (A - E) below as applicable to the current activity of the EU citizen in the State.

NOTE: it is important to provide accurate contact details for employer/college as they may be contacted to verify the information provided.

(A) Employment (or vocational training)

3.2 Name of employer

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3.3 Employer's contact telephone number

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3.4 Number of hours worked each week

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3.5 Employer's email address

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3.6 Address of workplace

(B) Self-employment

3.7 Name of business

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3.8 Nature of business

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3.9 Address of business

3.10 Business telephone number

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(C) Study

3.11 Name of college

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3.12 Address of college

3.13 College telephone number

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3.14 Comprehensive sickness insurance (please tick)

 Yes

 No

(D) Involuntary unemployment

3.15 Name of last previous employer

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3.16 Address of last previous employer

3.17 Last previous employer's contact telephone number

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3.18 Date of redundancy

Day		Month		Year			

3.19 Total duration of all previous employment in the State

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3.20 Registered as job-seeker (please tick as applicable)

 Employment Services

 Department of Social Protection

(E) Residing with sufficient resources

3.21 Details of financial resources

3.22 Comprehensive sickness insurance (please tick)

 Yes

 No

Section 4 | Document Checklist

Please provide **photocopies** of the documents requested below. Identity documents and civil certificates should be photocopied in colour and photocopies should include all pages (including blank passport pages).

Evidence of identity

- | | |
|--|---|
| <input type="checkbox"/> Passport of applicant | <input type="checkbox"/> Passport or National Identity Card of EU citizen |
| <input type="checkbox"/> Two passport-size photos of applicant | <input type="checkbox"/> Two passport-size photos of EU citizen |

Evidence of relationship of applicant to EU citizen

Please provide supporting evidence of your family relationship as selected on Section 1.10 of this form.

- | | | |
|--|--|--|
| <input type="checkbox"/> Civil Marriage Certificate
<i>(For Spouse)</i> | <input type="checkbox"/> Partnership Certificate
<i>(For Civil Partner)</i> | <input type="checkbox"/> Birth Certificate(s)
<i>(For Child, Parent or Sibling)</i> |
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Evidence of residence in the State

If Renting

- Letter from landlord/agency, rental contract or tenancy agreement
- Letters of Registration of Tenancy from the Private Residential Tenancies Board
- Utility bills in the names of both the applicant and the EU citizen

If Home-owning

- Letter from mortgage provider, local authority or County Council
- Title or deeds (as applicable)
- Utility bills in the names of both the applicant and the EU citizen

Evidence of current activity of EU citizen in the State

Please provide supporting documents for the current activity as per Section 3, 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
- Most recent P60 or Tax Credit Certificate

(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 Commissioner
- Receipts issued for sales or services in the last six months
- Bank statements of the business for the last six months

(C) Study

- Letter from college/course provider including course description, start date and completion date
- Letter from private medical insurance provider (for EU citizen and any dependents)
- 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 previous employer outlining circumstances of redundancy
- P60s for prior two years of employment
- P45 from last employment

(E) Residing with sufficient resources

- Evidence of financial resources and corresponding bank statements
- Letter from Department of Social Protection with details of any benefit claims (or stating that there are no claims)
- Letter from private medical insurance provider (for EU citizen and any dependents)

Section 5 | Declarations

Applicant

This declaration should be signed and dated by the applicant or by the parent or guardian of an applicant under the age of 18.

I hereby apply for a residence card for myself. The information I have given is complete and is true to the best of my knowledge. I also declare that the photographs submitted with this form are a true likeness of me. 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 EU Treaty Rights 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, under Section 8 of the Immigration Act 2003 and Regulation 26 of the European Communities (Free Movement of Persons) Regulations 2015, the data in this application may be disclosed to other Irish Government Departments as well as to public authorities of the Member States of the European Union and European Economic Area (EEA) for purposes connected to this application. I consent to the EU Treaty Rights Unit making enquiries to confirm any of the details or documents provided by me in this application, including my participation in an interview process.

I am aware that a person who asserts an entitlement to any rights on the basis of information which he or she knows to be false or misleading in a material particular shall be guilty of an offence and shall be liable, on summary conviction or conviction on indictment, to a fine or term of imprisonment, or both, as set out in Regulation 30 of the European Communities (Free Movement of Persons) Regulations 2015.

Signed by applicant

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Date

		/			/				
Day			Month			Year			

EU Citizen

This declaration should be signed and dated by the European Union, EEA or Swiss citizen.

The information given in this form is complete and is true to the best of my knowledge. I also declare that the photographs submitted with this form are of a true likeness of me. 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 EU Treaty Rights 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.

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Signed by European Union, EEA or Swiss Citizen

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Date

		/			/				
Day			Month			Year			

Submission of incomplete forms or failure to submit all requested documentation will result in the automatic return of your application. All documents submitted with this application form should be photocopies.

Please return completed forms and documents to:

**EU Treaty Rights Unit
Residence Division
Irish Naturalisation and Immigration Service
13/14 Burgh Quay
Dublin 2**