



DEPARTMENT OF JUSTICE AND EQUALITY
IRISH NATURALISATION & IMMIGRATION SERVICE



FORM EU2

DATE STAMP

(FOR OFFICE USE ONLY)

Application for a Permanent Residence Certificate

2016-02

For European Union Citizen

This form is to be completed by a European Union, EEA, or Swiss citizen applying for a permanent residence certificate under the European Communities (Free Movement of Persons) Regulations 2015, having resided in the State for 5 years or more.

- This form must be completed in **BLOCK CAPITALS**. Where indicated, please place a tick (✓) in the appropriate box.
- All sections must be completed as required. The declaration in **Section 5** must be signed. Incomplete applications cannot be processed and will be returned.
- Please note that certain documents are required to be submitted with this form. Please refer to the checklist in **Section 4** of this form. All documents should be submitted as photocopies. No original documents should be submitted with this application. Original documents may be requested by this office during the course of your application.
- If you are presently unable to provide any of the information or details requested in any of the relevant sections, please explain the reasons in a letter and enclose it with this application form.
- 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). 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, or any other names by which you are or have been known)*

1.4 Nationality

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1.5 Date of Birth

		/			/			
Day			Month			Year		

1.6 Gender *(please tick)*

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

1.7 PPS Number

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1.8 INIS Reference Number *(if applicable)*

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1.9 Date of arrival in the State

		/			/			
Day			Month			Year		

1.10 Passport or National Identity Card Number

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1.11 Identification type *(please tick)*

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

1.12 Duration of residence in the State

		Years			Months
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1.13 Contact Telephone Number

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1.14 Email Address

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Section 3 | Activities in the State

3.1 Current or most recent activity *(please tick)*

Employment
 Self-employment
 Study
 Involuntary unemployment
 Residing with sufficient resources

3.2 Name of employer, business, or college

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3.3 Address of workplace, business or college

3.4 Email address of workplace, business or college

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3.5 Contact telephone number for employer, business or college

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3.6 Date of commencement of activity

		/			/				
Day			Month			Year			

3.7 Details of sufficient resources or social welfare *(if applicable)*

If seeking entitlement to permanent residence after cessation of employment or self-employment

3.8 Reason for cessation *(please tick)*

Retired
 Permanently incapacitated
 Occupational Illness
 Other

3.9 Date of cessation

		/			/				
Day			Month			Year			

If reason is "Other", please specify:

3.10 Previous activities of the EU citizen in the State in the last 5 years

Please provide details of all activities in the State for the last five years. If you require additional spaces, please use **Annex B**, which can be found with this application form on the Irish Naturalisation & Immigration Service website at <http://www.inis.gov.ie>.

NOTE: For "Details of activity" in this section, please provide the following as applicable: name and address of workplace; name and address of business; address of college and course title; type of Social Welfare received; details of resources (e.g. pension).

Details of activity

Employment
 Study
 Self-employment
 Residing with sufficient resources
 Involuntary Unemployment

From

		/			/				
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To

		/			/				
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 Day Month Year

Details of activity

Employment
 Study
 Self-employment
 Residing with sufficient resources
 Involuntary Unemployment

From

		/			/				
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To

		/			/				
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 Day Month Year

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

- Passport or National Identity Card
- Two passport-size photographs

Evidence of residing in the State for a continuous period of 5 years

For each residential address while **Renting**

- Letter from landlord/agency, tenancy agreement or Private Residential Tenancies Board (PRTB) Letters of Registration
- Utility bills for each year of residence

For each residential address as the **Home-owner**

- Letter from mortgage provider, local authority or County Council
- Title or deeds as applicable
- Utility bills for each year of residence

Evidence of activity in the State for a continuous period of 5 years *(please tick as applicable)*

Please provide supporting documents for your economic activities as per **Section 3**.

For each period of **Employment**

- Letter from employer setting out terms and conditions of employment or signed contract of employment
- P60s for the last five years *(or as applicable)*
- Employment Permit(s) *(if applicable)*

For each period of **Self-employment**

- Agreed Tax Assessment from the Revenue Commissioner for each applicable financial year
- VAT3 receipts *(if applicable)*
- Bank statements of the business for a six-month period, and copies of corresponding invoices or receipts issued

For each period of **Study**

- Letter from college/course provider including course description, start date and completion date
- Letter from private medical insurance provider showing comprehensive sickness insurance
- Bank statements and other evidence of financial resources

For each period of **Involuntary Unemployment**

- Letter from Department of Social Protection with details of benefit claims
- Letter from Employment Services Office (or FÁS) acknowledging registration as a jobseeker
- Letter from prior employer outlining circumstances of redundancy
- P60s for prior two years of employment

For each period while **Residing with sufficient resources**

- Evidence of financial resources and corresponding bank statements
- Letter from Department of Social Protection with details of benefit claims
- Letter from private medical insurance provider showing comprehensive sickness insurance

Evidence of cessation of employment or self-employment *(if applicable)*

- Documentary evidence of cessation of employment or self-employment, outlining the circumstances of cessation
- Documentary evidence of receipt of a state pension (contributory or non-contributory), or an allowance, benefit or supplement with respect to a disability, injury or illness (as applicable)

Section 5 | Declaration

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 permanent residence certificate 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		

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**