



Department of Justice, Equality and Law Reform
Irish Naturalisation and Immigration Service



FORM EU 3 APPLICATION FOR A PERMANENT RESIDENCE CARD — NON-EU FAMILY MEMBER

This form is to be completed by each family member of a European Union citizen who is not a national of a Member State and who has been resident in the State for more than 5 years.

- This form must be completed in **BLOCK CAPITALS** and in **black ink**. All sections must be completed. Incomplete applications cannot be processed and will be returned.
- Please note that certain documents are required to be submitted with this form and those documents must be originals. The Department will return the documents to you as soon as possible. Please refer to the **checklist** on page 4.
- A decision will be taken on the application based on the documentation provided by you no later than six months from the date of receipt of this application.
- If you change address or if you change employment while this application is under consideration, you **must** notify this office in writing of your new address or the new employment details immediately.

1. Personal Details

(A) Applicant's Details

Surname (family name): _____ Forename(s): _____

Other names: _____

Current Residential Address (in Ireland) _____

Department of Justice, Equality and Law Reform Reference No: 69/ / (if applicable)

P.P.S. (Social Welfare) No. in Ireland:

Sex: Male Female Date of Birth: / / day/month/year

Place of Birth: _____

Passport Number: or National Identity Card Number

Please tick: Passport National Identity Card

Date of issue: / / day/month/year

Date of expiry: / / day/month/year

Place of issue: _____

Nationality: _____

Current Occupation: _____

Have you been convicted of any criminal offence in the State or abroad?

Yes No

(If Yes give details) _____

Are there any charges pending against you in the State or abroad?

Yes No

(If Yes give details) _____

(B) Details of EU citizen of whom the applicant is a family member

Surname (family name): _____ Forename(s): _____

Other names: _____

Current Residential Address (in Ireland) _____

Department of Justice, Equality and Law Reform Reference No: 69/ / (if applicable)

P.P.S. (Social Welfare) No. in Ireland: (if any)

Sex: Male Female Date of Birth: / / day/month/year

Place of Birth: _____

Passport Number or National Identity Card Number:

Please tick: Passport National Identity Card

Date of issue: / / day/month/year

Date of expiry: / / day/month/year

Place of issue: _____

Nationality: _____

Current Occupation: _____

2. Immigration History of Applicant in the State

(A) not to be completed by European Union citizen.

Date of arrival in the State / / day/month/year

Place of arrival in the State _____

Date of first Registration in Ireland: / / day/month/year

If no registration date has been provided please explain why: _____

Status on arrival in the state (please tick)

Asylum Work Permit/Visa/Authorisation Student Visitor Other

Other (Please give details) _____

Are you currently the subject of a Deportation Order or Transfer Order?

Yes No (If yes give details) _____

(B) Employment History of Applicant

Occupation: _____

Details of Employer: (if applicable)

Details of previous Employer: (if applicable)

Duration of employment with above employer:

Years Months

Duration of employment with above employer:

Years Months

If you are self employed please provide complete the below table.

BUSINESS CERTIFICATE

Mr/Mrs/Miss/Ms. _____ a citizen of _____ am providing or receiving a service established in business/following a self-employed occupation as _____

Name of Business _____

Business Address _____

Evidence in support of the above-statement should accompany your application:
(e.g. registration with Companies Office, VAT receipts, Audited Accounts).

(C) Residence History of Applicant

Details of what addresses you have lived at since being in the State:

Please provide proof of residence in the below addresses (i.e. utility bills, rental/lease agreements, etc.)

Address	From:	To:

This is an Acknowledgement Slip please put your Name and Address on the reverse side so we can acknowledge receipt of your Application.

Checklist

(Please provide **original** documents requested below):

- | | |
|--|--|
| <input type="checkbox"/> Passport(s) or National ID | <input type="checkbox"/> Birth Certificate's (if applicable) |
| <input type="checkbox"/> Letter from Employer | <input type="checkbox"/> Copy of Work Permits |
| <input type="checkbox"/> P60's | <input type="checkbox"/> 2 passport sized photos (signed on rear) |
| <input type="checkbox"/> Evidence of residence | <input type="checkbox"/> 2 passport sized photos of EU citizen
(signed on rear) |
| <input type="checkbox"/> Marriage Certificate (if applicable) | <input type="checkbox"/> Medical evidence (if applicable) |
| <input type="checkbox"/> Partnership Certificate (if applicable) | |

Incomplete forms or failure to submit all requested documentation will result in the automatic return of your application.

Please return completed forms to:

**EU Treaty Rights Section,
Irish Naturalisation and Immigration Service,
Department of Justice, Equality and Law Reform,
13/14 Burgh Quay,
Dublin 2.**

The information given in this form is true and accurate to the best of my knowledge. I also declare that the photographs submitted with the form are a true likeness of myself.

Applicant

Signed: _____ Date: _____

The information given at Section 1(B) in this form is true and accurate to the best of my knowledge. I also declare that the photographs submitted with the form are a true likeness of myself.

EU Citizen

Signed: _____ Date: _____

Please complete the box below so that we can acknowledge receipt of your application.

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Name: _____

Address: _____

Date received (stamp here)

For official use only