Who is this form for?

- This form is to be completed by the De Facto partner applying for permission to remain in the State on the basis of De Facto Partnership with an Irish National or legal resident in Ireland on a Stamp 1, 4 or 5 (the Sponsor), as set out in Policy Document on Non-EEA Family Reunification available at INIS website: www.inis.gov.ie
- This form should be completed by a person who is unable to register with the Garda National Immigration Bureau as the de facto partner of an Irish National or legal resident on stamp 1, 4 or 5.
- Do not complete this form if applying for residence under EU Treaty Rights. Please check the INIS website for the appropriate EU form: www.inis.gov.ie

How to complete this form:

- Please complete this form in CAPITAL letters and place a tick in the relevant box.
- You must complete all sections of this form fully. The three Statutory Declarations in Section 8 must be signed before a relevant authority. Incomplete applications cannot be processed and will be returned.
- You must submit photocopies of supporting documents for each individual application.
- You must complete the checklist for each individual application.
- To be eligible for De Facto Partnership Immigration Permission, you must meet the following criteria:
  1. The Applicant and the Sponsor must be in the State when the application is made.
  2. The Applicant must be legal in the State.
  3. The Applicant and the Sponsor must be cohabiting together for at least 2 years prior to submitting the application.
• Please note that certain documents are required to be submitted with this form. Please refer to the checklist in Section 9. Please submit photocopies of documents unless otherwise requested as it is not possible to return any documentation that is submitted with your application. Do not submit folders, bound documents or photograph albums.

• 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 Section 7 of 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 together with the relevant supporting documentation.

• While your application is being processed 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 Sponsor). You must submit new supporting documentation as appropriate.

• Do not submit the application form without ensuring that you are eligible for the scheme.

• Do not submit the application without properly completing the Statutory Declarations and enclosing all of the required documentation specified below in the document checklist. If documents are missing or if the form is not fully completed, your application may be refused.

Where to send your completed application form

• You must send your completed application form and supporting documents to the address below

De Facto Unit
Irish Naturalisation and Immigration Service
PO Box 12695
Dublin 2

• We recommend you send your application by Registered Post
• Registered Post can be tracked on the An Post website [www.anpost.ie](http://www.anpost.ie)

The contact for any queries in relation to this form is De Facto Unit, Residence Division, Department of Justice and Equality, PO Box 12695, Dublin 2 or email INISdefacto@justice.ie.
Data protection statement

1. The data you provide in this form and in associated correspondence is collected by the Irish Naturalisation and Immigration Service (INIS), a part of the Department of Justice and Equality. The data controller for the information you provide is the Department of Justice and Equality. The data controller’s contact details are: Domestic Schemes – Residence Division, Unit 2, Irish Naturalisation and Immigration Service, the Department of Justice and Equality, 13 – 14 Burgh Quay, Dublin 2, D02 XK70.

2. You can contact the Data Protection Officer for the Department of Justice and Equality by writing to: The Data Protection Officer, the Department of Justice and Equality, 51 St. Stephen’s Green, Dublin 2, D02 HK52. Or by email – dataprotectioncompliance@justice.ie

3. We will use the personal data you provide in this form and in associated correspondence for the purpose of assessing your eligibility for permission to remain in the State, and verifying your identity. We may also use the personal data you provide in this form and in associated correspondence as part of any future considerations regarding your immigration or citizenship status.

4. We collect and process this data in order to comply with our legal obligations or to perform tasks in the public interest. The specific basis for collecting and processing this data is as follows:
   1. The Aliens Act, 1935
   2. The Immigration Act, 1999
   3. The Immigration Act, 2003
   4. The Immigration Act, 2004
   5. To fulfil the function of the Minister for Justice and Equality (Management of inward migration to the State (Immigration)) as designated in the Ministers and Secretaries Act 1924 (as amended)

5. The personal data provided here will be stored securely in INIS’s databases and the Garda National Immigration Bureau’s databases. It may be shared, if necessary, with the following third parties:
   1. Government Departments and Agencies
2. An Garda Síochána  
3. EEA competent authorities  
4. EEA police forces  
5. 3rd parties who have provided documentary evidence by or on behalf of the application, e.g. employers and landlords (with the consent of the data subject)  
6. 3rd party service providers in the areas of data handling and storage and in the production of IRP cards  

6. The personal data you provide in this form and in associated correspondence is necessary for us to determine if you meet the criteria for this scheme. If you do not provide this data, your application for this scheme cannot be processed.  

7. This data may be retained until INIS can be sure that you will not have any further contact with the immigration services. This is an indeterminate period as your immigration history in the State may span a full lifetime. It will be referred thereafter to the Director of National Archives for appraisal under the National Archives Act 1986.  

8. You and the Sponsor have the right to request access to, and a copy of, your personal data that we process. You or your Sponsor can do this by filling in a Subject Access Request form, available at http://www.justice.ie/en/JELR/Pages/Data_Protection, and sending it to dataprotectioncompliance@justice.ie. You may be required to verify your identity before we send the information to you.  

9. You and the Sponsor have the right to request us to rectify any errors in your data or to erase your data, as well as to seek a restriction of the processing of your data or to object to the processing of your data in certain circumstances. To do this you should write to Domestic Schemes – Residence Division, Unit 2, Irish Naturalisation and Immigration Service, the Department of Justice and Equality, 13–14 Burgh Quay, Dublin 2, D02 XK70, explaining what errors need to be rectified or erased or your reasons for seeking the restriction of, or objecting to, the processing.  

10. You can contact the Data Protection Officer for the Department of Justice by post: The Data Protection Officer, Department of Justice and Equality, 51 St. Stephen’s Green, Dublin 2, D02 HK52, or by email - dataprotectioncompliance@justice.ie
I acknowledge that I have read and understood the information outlined above, which relates to my data protection rights.

Name _____________________________

Signature (Applicant) ________________________ Date ____________________

Name of Parent/Guardian of applicant aged under 18 years _________________________

Signature of Parent/Guardian ________________________ Date ______________

Name of Sponsor _____________________________

Signature (Sponsor) ________________________ Date ____________________
## Section 1: Applicant’s personal details

1. **Surname / Family name (as in passport)**

2. **Forename(s) (as in passport)**

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

4. **Date of Birth**
   - **Day**
   - **Month**
   - **Year**

5. **Gender**
   - Male
   - Female

6. **Marital Status**

7. **Country of Birth**

8. **Country of Nationality**

9. **Private Medical insurance (✓)**
   - Yes
   - No

10. **Place of current residence in Ireland**

11. **Contact Telephone Number**

12. **Email Address**

13. **Passport Number**

14. **INIS Person ID Number (if applicable)**
   - **Day**
   - **Month**
   - **Year**
1.15 Old Department Reference Number (if applicable)

6 9 /  

1.16 GNIB Registration Number (if applicable)


Section 1 A  Passport or travel document details

In this section you will need to provide details about your passport, or other travel document.

1.9 Document number


1.13 Date of issue

D D / M M / Y Y Y Y

1.13 Date of expiry

D D / M M / Y Y Y Y

Section 2  Relationship History

2.1 Date and Place of Meeting


2.2 Date of Commencement of Relationship


2.3 Date of Commencement of Cohabitation


2.4 Relationship history and future plans, e.g. marriage.

Section 3  Applicant’s immigration history

1.13 Date of arrival in the State

D D / M M / Y Y Y Y

3.2 Place of arrival in the State

3.3 Status on arrival in the state (√)

☐ Asylum-seeker ☐ Visitor / (C-Visitor Visa)

☐ Student

☐ Employment Permit or Green Card Permit

☐ De Facto Partner of Irish National / (D-Join Visa) ☐ Other

If ”Other”, please give details:

3.4 Have you previously resided in the State?

☐ Yes ☐ No

(If "yes", please give details)

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

☐ Yes ☐ No

(If "yes", please give details)
3.6 Are there any criminal charges pending against you in the State or abroad?  □ Yes  □ No
(If "yes", please give details)

3.7 Have you ever been deported from the State?  □ Yes  □ No

3.8 Have you submitted a Police Clearance for any Country in which you have resided for the past 5 years?  □ Yes  □ No

3.9 Have you applied for De Facto Partner Permission before? If you answered yes, □ Yes  □ No

Section 4  Details of partner

4.1 Surname / Family name (as in passport)

4.2 Forename(s) (as in passport)

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

4.4 Current Residential Address in Ireland

4.5 Date of Birth

Day  Month  Year

4.6 Gender
(□) Male  (□) Female

4.7 Marital Status

4.8 PPS Number:
4.9 Country of Birth

4.10 Date of arrival in the State (if applicable)
Day / Month / Year

4.11 Passport Number

4.12 Present Nationality

4.13 Department Reference Number (if applicable)

4.14 Contact Telephone Number

4.15 Email Address

Section 5 Current activity of partner in the State

5.1 Type of activity (✓)
   (A) Employment
   (B) Self-employment
   (C) Study
   (D) Involuntary unemployment
   (E) Residing with sufficient resources

Please fill out Parts (A - E) below as applicable to the current activity of the Partner (Sponsor) 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)

5.2 Name of employer

5.3 Employer's contact telephone number

5.4 Number of hours worked each week

5.5 Employer’s email address

5.6 Address of workplace
### Self-employment

<table>
<thead>
<tr>
<th>5.7 Name of business</th>
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<table>
<thead>
<tr>
<th>5.8 Nature of business</th>
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<table>
<thead>
<tr>
<th>5.9 Address of business</th>
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<table>
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<tr>
<th>5.10 Business telephone number</th>
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### Study

<table>
<thead>
<tr>
<th>5.11 Name of College</th>
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<tr>
<th>5.12 Address of College</th>
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<thead>
<tr>
<th>5.13 College telephone number</th>
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### Involuntary unemployment

<table>
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<th>5.14 Name of last previous employer</th>
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<tr>
<th>5.15 Address of last previous employer</th>
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</table>
5.16 Last previous employer's contact telephone number

5.17 Date employment ceased

5.18 Total duration of all previous employment in the State

5.19 Registered as job-seeker

(E) Residing with sufficient resources

5.20 Details of financial resources

5.21 Private Medical insurance (√)

Yes No

Section 6  Dependent children

6.1 If the applicant has dependent children who intend to live with the Applicant and Sponsor in Ireland, please provide:

1. Copies of Birth Certificate(s) and passport(s) of the child(ren).
2. Evidence that the Applicant is the child's legal guardian and
3. Evidence that the Applicant has sole custody and guardianship of the child(ren)
4. Evidence that the Applicant and any dependent child(ren) are covered by private medical insurance.
Section 7 Additional information

Please provide any other information that you consider relevant to this application. Please be advised that if you are unable to provide any of the information or details requested within this form then please provide an explanation indicating the reasons for this.
Statutory Declaration: Applicant

To be signed before a solicitor, commissioner of oaths or peace commissioner

I hereby apply for residence permission for myself. I make the following declaration under the Statutory Declaration Act 1938.

The information I have given is complete and is true to the best of my knowledge. 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 De facto Partnership 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 a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under Section 6 of the Statutory Declarations Act 1938 and shall be liable on summary conviction to a fine or, at the discretion of the court, to imprisonment.

I understand that, under Section 8 of the Immigration Act 2003 the data in this application may be disclosed to other Irish Government Departments, Government Agencies and/or An Garda Síochána for purposes connected with this or any other application. I consent to INIS making enquiries to confirm any of the details or documents provided by me in this application, including my participation in an interview process.

Applicant Signature

[Signature]

Date

[Day] / [Month] / [Year]

Declared before me ______________________ [name in capitals] a [solicitor] [notary public] [commissioner for oaths] [peace commissioner] to take and receive statutory declarations by

name

[who is personally known to me]

or
[whose identity has been established to me before the taking of this Declaration by the
production to me of passports

Applicant passport No.______________  Date of issue  ____________  Issuing Authority
______________________________

Signed by [solicitor] [notary public]
[commissioner for oaths] [peace commissioner]  Date

Day  Month  Year  

[ ] [ ] [ ]

Stamped by relevant Authority
[solicitor] [notary public] [commissioner
[peace commissioner]  for oaths]
The information given in this form is complete and is true to the best of my knowledge. 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 DeFacto Partnership 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 a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under Section 6 of the Statutory Declarations Act 1938 and shall be liable on summary conviction to a fine or, at the discretion of the court, to imprisonment.

I understand that, under Section 8 of the Immigration Act 2003 the data in this application may be disclosed to other Irish Government Departments, Government Agencies and/or An Garda Síochána for purposes connected with this or any other application. I consent to INIS making enquiries to confirm any of the details or documents provided by me in this application, including my participation in an interview process.

Signature of Sponsor                                   Date

by Declared before me ____________________________________ [name in capitals] a [solicitor] [notary public] [commissioner for oaths] [peace commissioner] to take and receive statutory declarations

Name of Sponsor

[who is personally known to me]
or[whose identity has been established to me before the taking of this Declaration by the production to me of passports]

Sponsor passport No. ___________________________ Date of issue ____________ issuing Authority ________________________________
<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
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Signed by [solicitor] [notary public] [commissioner for oaths] [peace commissioner]  

Date

Stamped by relevant Authority [solicitor] [notary public] [commissioner for oaths] [peace commissioner]
Name

Address

Applicant’s name

1. How long have you known this [ ] person

Name of Applicant’s [ ] partner

2. How long have you known this [ ] person

3. State how you know the applicant and the applicant’s partner and indicate how often you have been in contact with them

[ ]
4. State whether you believe the relationship of the applicant and his/her partner to be genuine and continuing, and give your reasons for your belief.

5. State any reasons you wish to add in support of the application.

I declare that the information I have given is complete and is true to the best of my knowledge. I understand that any false or misleading information or fraudulent supporting documentation submitted will result in the refusal of this application.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under Section 6 of the Statutory Declarations Act 1938 and shall be liable on summary conviction to a fine or, at the discretion of the court, to imprisonment.

Signature of Supporting Witness

Date

Declared before me ________________________________ [name in capitals] a [solicitor] [notary public] [commissioner for oaths] [peace commissioner] to take and receive statutory declarations
Name of Supporting Witness

[who is personally known to me]
or
[whose identity has been established to me before the taking of this Declaration by the production to me of passports]

Witness passport No. __________________ Date of issue ____________ issuing Authority __________________

Signed by [solicitor] [notary public] [commissioner for oaths] [peace commissioner] Date

                     ______/______/_____  Day  Month  Year

Stamped by relevant Authority [solicitor] [notary public] [commissioner for oaths] [peace commissioner]
In this section you will need to provide a list of which supporting documents you have supplied. Please provide **photocopies** of the documents requested below. It is advisable to send your application form and documentation by **registered post**.

<table>
<thead>
<tr>
<th>Document description</th>
<th>Tick if you have submitted</th>
<th>Number of pages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Identity documents</strong></td>
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<tr>
<td>Passport of the applicant</td>
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<tr>
<td>Passport of the sponsor</td>
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<tr>
<td><strong>Evidence of relationship of applicant with Sponsor (please provide supporting evidence of your relationship, i.e, A history of the relationship when the partners met and when the relationship began)</strong></td>
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<tr>
<td>Evidence of cohabitation of 2 years or more (in Ireland or another country)</td>
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<td>Evidence of financial inter-dependence, i.e Joint accounts, Joint purchases)</td>
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<td>Financial Statements covering the previous 6 months</td>
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<td>Evidence of contact, i.e letters, emails, facebook etc</td>
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<tr>
<td>Detailed relationship history incl time spent together i.e photographs, air tickets, etc</td>
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<td><strong>Evidence of residence in the State</strong></td>
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<tr>
<td><strong>If renting:</strong></td>
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<tr>
<td>Letter from landlord/agency, rental contract, rent book or tenancy agreement (dated)</td>
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<td></td>
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<tr>
<td>Letters of Registration of Tenancy from the Residential Tenancies Board (dated)</td>
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<tr>
<td>Utility bills in the names of both the applicant and the Sponsor (dated)</td>
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<td></td>
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<tr>
<td>Proof of rent paid, e.g bank statements (dated)</td>
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<tr>
<td><strong>If Home-Owning:</strong></td>
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<tr>
<td>Letter from mortgage provider, local authority or County Council (dated)</td>
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<td></td>
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<tr>
<td>Title or deeds (as applicable)</td>
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</tbody>
</table>
Utility bills in the names of both the applicant and the Sponsor, also bank statements showing mortgage payments (dated)

If other please state, e.g Living with family member

Evidence of current activity of Sponsor in the State
Please provide supporting documents for the current activity as per Section 5, 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 and previous 3 years P60’s
Bank statements for you and your partner for the last six months

(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 Commissioners
Bank Statements of the business for the last six months
Bank Statements and/or other evidence of financial resources

(C) Study
Letter from college/course provider including course description, start date and completion date
Evidence of Private Medical Insurance (for sponsor and applicant)
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 Employment Services Office acknowledging registration as a jobseeker
Letter from previous employer outlining circumstances of end of employment
P60’s for prior two years of employment and P45 from last employment

(E) Residing with sufficient resources
Evidence of financial resources and corresponding bank statements (minimum 6 months)
Letter from Department of Social Protection with details of any benefit claims (or stating that there are no claims)
<table>
<thead>
<tr>
<th>Evidence of Private Medical Insurance (for Sponsor and Applicant)</th>
</tr>
</thead>
</table>

**(F) Criminal convictions**

A Police Clearance Certificate is required from any Country you resided in over the last 5 years. The Certificate must be no more than 6 months old at time of application.

Submission of incomplete forms or failure to submit all requested documentation will result in the automatic return of your application. Please ensure that all documents submitted have your name address and date included.

Please return completed forms and documents to:

- De Facto Partnerships
- Residence Division – Unit 5
- Irish Naturalisation and Immigration Service
- PO Box 12695
- Dublin 2