

Start-up Entrepreneur Programme

Application Form

December 2016



AN ROINN DLÍ AGUS CIRT AGUS ATHCHÓIRITHE DLÍ
DEPARTMENT OF JUSTICE AND LAW REFORM

Irish Naturalisation and Immigration Service



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.

I am applying for Resident Status in Ireland under the Start-up Entrepreneur Programme
(please tick one box);

- a. **For myself only** *or*
 b. **For myself and for dependant status for my family**

If you are applying for dependant status for your family, how many family members are included in this application?

(1) Applicants Personal Details

Name as on Passport	
Family name	_____
Given names	_____
Passport Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Date of issue</i>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>day/month/year</i>
<i>Date of expiry</i>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>day/month/year</i>
<i>Place of issue</i>	_____
Nationality	_____
Of which other countries are you a citizen: _____	
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>day/month/year</i>
Place and Country of Birth	_____
PPS Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Address	
Current Residential Address	_____

Address for correspondence <i>(If different from above)</i>	_____

Daytime Telephone Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Home Telephone Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E-mail address	_____
Name in Your own language or script (if applicable)	

Other ways you spell your name	
Family name	_____
Given names	_____



If name at birth is different from your present name please give

Birth Name _____

Date of change to present name / day/month/year

Reason for change _____
(e.g. marriage, adoption, deed poll etc.)

Please give details of your places of residence for the last five years:

Full Postal Address	Dates of Residence
_____ _____ _____	From <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
_____ _____ _____	From <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
_____ _____ _____	From <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
_____ _____ _____	From <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Details of other passports you currently hold or have previously held while you have been resident in Ireland (include details of passports which have expired in the last five years)

1. Passport Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of issue	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> day/month/year
Date of expiry	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> day/month/year
Place of issue	_____
Nationality	_____
2. Passport Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of issue	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> day/month/year
Date of expiry	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> day/month/year
Place of issue	_____
Nationality	_____



Current Occupation and Business Activities

Please describe your current occupation or business activity, your position with your employer and your duties. Where you are self-employed please give details of your business.

Employer's/Business Name and Address	Occupation/position with Employer or Business	Description of business activity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational Attainment

Please give details of your University Level Education.

Name of Institution	Details of Academic Awards (degree, grade, specials distinctions etc.)	Dates of enrolment
_____	_____	From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
_____	_____	From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
_____	_____	From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>



Marital Status (please tick)
 Married/Civil Partnership Single Divorced Separated Widowed Cohabiting

Please give details of your Spouse/Partner irrespective of whether or not you are applying for dependant status for your family

Spouse/Partner's Name as on Passport	
Family name	_____
Given names	_____
Passport Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of issue	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> day/month/year
Date of expiry	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> day/month/year
Place of issue	_____
Nationality	_____
Of which other countries are you a citizen: _____	
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> day/month/year
Place and Country of Birth	_____
Current Residential Address	_____

Place and Country of Marriage/Partnership	_____
Applicant	
Number of previous marriages	_____
Number of divorces	_____
Spouse	
Number of previous marriages	_____
Number of divorces	_____

Please give details of all of your children irrespective of whether or not you are applying for dependant status for your family

Full name of child including surname	Sex	Date of Birth	Current country and city/town of Residence
	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	_____
	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	_____
	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	_____
	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	_____
	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	_____
	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	_____



(2) Immigration History

Immigration History in Ireland

Have you ever been resident in Ireland	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please complete the following	
Department of Justice Reference No.	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Garda National Immigration Bureau No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of first Registration in Ireland	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>day/month/year</i>
Date of arrival in the State	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>day/month/year</i>
Place of arrival in the State	_____
Period of time that you have been legally resident in Ireland (from date of first Registration)	
<input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> Months	
Please give details of your residence in Ireland (work, study, business etc.)	

Immigration History in Other Countries

Please list the countries where you and/or your spouse/partner (if relevant) lived for 12 months or more in the last 10 years including your home country and Ireland.

Country	Dates lived there	Last permanent address in that country	Who lived there
	From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	_____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
	From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	_____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
	From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	_____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
	From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	_____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
	From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	_____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse



(3) Family Details

To be completed only if you are applying for dependant status for your family

Details of Spouse/Partner

Spouse/Partner's Full Name (as shown on Passport)	
Family name	_____
Given names	_____
Passport Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<i>Date of issue</i>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>day/month/year</i>
<i>Date of expiry</i>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>day/month/year</i>
<i>Place of issue</i>	_____
Nationality	_____
Of which other countries is your Spouse/Partner citizen: _____	
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>day/month/year</i>
Place and Country of Birth	_____

Address	
Spouse/Partners Residential Address (if same as yours write same)	_____ _____ _____
Daytime Telephone Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home Telephone Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Spouse/Partner's name in his/her own language or script (if applicable)	
Other ways Spouse/Partner's spells his/her name	
Family name	_____
Given names	_____
If Spouse/Partner's name at birth is different from his/her present name please give details	
Birth Name	_____
Date of change to present name	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>day/month/year</i>
Reason for change	_____
(e.g. marriage, adoption, deed poll etc.)	



Spouse/Partner's Current Occupation and Duties

Please describe your Spouse/Partner's current occupation his/her position with their employer and his/her duties.

Employer's/Business Name and Address	Occupation/position with Employer or Business	Description of business activity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Spouse/Partners Immigration History in Ireland

Has your Spouse/Partner ever resided in Ireland *Yes* *No*

If *yes* please complete the following

Department of Justice Reference No. / /

Garda National Immigration Bureau No.

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

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

Place of arrival in the State _____

Period of time that your Spouse/Partner has been legally resident in Ireland (from date of first Registration)
 Years Months

Please give details of your Spouse/Partner's residence in Ireland (work, study, business etc.)



Children under 18 years of age

Give Details of all your and/or your spouse's/partner's children under 18 years of age who are to be included in your application for residence under the Start-up Entrepreneur Programme. Please complete a separate Child's Details section for each child.

Child's Details	
Family name	
Given names	
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/> day/month/year
Place and Country of Birth	
Passport Number (if applicable)	<input type="text"/>
<i>Date of issue</i>	<input type="text"/> / <input type="text"/> / <input type="text"/> day/month/year
<i>Date of expiry</i>	<input type="text"/> / <input type="text"/> / <input type="text"/> day/month/year
<i>Place of issue</i>	
Nationality	
Other countries of which your child is a citizen:	
Child's name in his/her own language or script (if applicable)	

Is your child currently in full time education? If yes please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and Address of School/College	Period of attendance
_____	From <input type="text"/> / <input type="text"/> / <input type="text"/> day/month/year
_____	To <input type="text"/> / <input type="text"/> / <input type="text"/> day/month/year



Child's Details	
Family name	_____
Given names	_____
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> day/month/year
Place and Country of Birth	_____
Passport Number (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<i>Date of issue</i>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> day/month/year
<i>Date of expiry</i>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> day/month/year
<i>Place of issue</i>	_____
Nationality	_____
Other countries of which your child is a citizen:	
Child's name in his/her own language or script (if applicable)	

Is your child currently in full time education? If <i>yes</i> please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and Address of School/College	Period of attendance
_____	From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> day/month/year
_____	To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> day/month/year

Please use additional pages if necessary



family details continued

Are all these children in your care and legal custody?

Yes No If **no** please give details

Does any other person have custodial, access or guardianship rights to any of these children?

Yes No If **yes** please give details

Are there any legal impediments to the children's residence in Ireland?

Yes No If **yes** please give details

Are any of these children married or engaged to be married or in a de facto/common law relationship?

Yes No If **yes** please give details



NB Comprehensive documentary evidence of your funding, as indicated in the guidelines, should be supplied in support of your application.

(5) Character

Have you or any other person included in this application ever:

been convicted of a criminal offence in any country (including any conviction which is now removed from official records)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
been charged with any offence that is currently awaiting legal action?	Yes <input type="checkbox"/> No <input type="checkbox"/>
been acquitted of any criminal offence or other offence on the grounds of mental illness, insanity or unsoundness of mind?	Yes <input type="checkbox"/> No <input type="checkbox"/>
been removed or deported from any country (including Ireland)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
left any country to avoid being deported?	Yes <input type="checkbox"/> No <input type="checkbox"/>
been excluded from or asked to leave any country (including Ireland)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
committed, or been involved in the commission of war crimes or crimes against humanity or human rights?	Yes <input type="checkbox"/> No <input type="checkbox"/>
been involved in any activities that would represent a risk to Irish national security?	Yes <input type="checkbox"/> No <input type="checkbox"/>
have any outstanding debts (including tax liabilities) to the Irish Government or any other Irish public authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>
been involved in any activity or been convicted of any offence, relating to the illegal movement of people to any country (including Ireland)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered yes to any of the above questions you must state who it applies to and give ALL relevant details. If the matter relates to a criminal conviction, please give the nature of the offence, full details of the sentence and dates of any period of imprisonment or other detention.



(6)Declaration

- a) I understand that if I make any false statements, or provide any false or misleading information, or have changed or altered this form in any material way after it has been signed, my application may not be accepted, any residence permission issued on foot of such an application may be revoked. I may also be committing an offence and I may be prosecuted.
- b) I have provided true and correct answers to the questions in this form. I have listed all my family members, including any adopted by law or by custom and understand that the non-declaration of any family members may result in that family member not being recognised as part of my family in future applications.
- c) I will inform the Irish Naturalisation and Immigration Service of any relevant fact or change of circumstances that may: (i) affect the decision on my application for permission under the Start-up Entrepreneur Programme, or (ii) affect the decision to grant a permission under the Start-up Entrepreneur Programme.
- d) I declare that there are no matters or warrants outstanding, or investigations of any kind, which could have any current or future effect on the assessment of my good character or the good character of any other persons included in this application.
- e) I understand that the Irish Naturalisation and Immigration Service does not licence, sanction [or interact] with Independent Immigration Advisors and that any advice I have received from such an advisor will have no bearing on the consideration of my application by the Irish Naturalisation and Immigration Service.
- f) I authorise the Irish Naturalisation and Immigration Service, and any Government Agency or other party which INIS may request to evaluate the commercial aspects of my plan or its funding to undertake, to make any enquiries it deems necessary regarding the information provided on this form and to share this information with other Government Agencies (including overseas agencies) to the extent necessary to make decisions about my immigration status. I also consent to any organisation providing relevant information to the Irish Naturalisation and Immigration Service about me.
- g) I accept that any advice given to me by the Irish Naturalisation and Immigration Service before submitting this application form was intended to assist me and acting on that does not mean that any later application for residence will be granted.
- h) Should my residence application be approved, I understand that my residence permission will be subject to the conditions of the Start Up Entrepreneur Programme. These conditions will be that I retain my approved investment in Ireland for five years, do not access public funds, and comply with all laws and regulations of the Irish State.
- i) I declare that the funds I have nominated in this application were lawfully earned or acquired and that I will transfer them to Ireland according to the requirements of the Start-up Entrepreneur Programme.

Signature of the applicant _____

Date

// day/month/year



Nomination of Legal or Financial Representative

Applicants who wish the Irish Naturalisation and Immigration Service to communicate with their legal or financial representative in Ireland should note that only those persons who fulfill the following criteria will be accepted as appropriate nominees

- The nominee is registered to practise law
- The nominee is a member of a recognised accountancy body
- The nominee works for a financial services company which is regulated by a national financial regulator

Please give details of your chosen nominee

Name	_____
Business Address	_____ _____ _____
Telephone number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Business e-mail	_____
Details of Nominee Registration	_____ _____ _____ _____ _____ _____ _____ _____ _____

Signature of Nominee _____
// *day/month/year*

I authorise the above nominee to act on my behalf in relation to my application under the Start-up Entrepreneur Programme.

Signature of Applicant _____
// *day/month/year*



Document Checklist

Please provide **original** documents as requested below. Photocopies of the original documents are requested to expedite processing. All original documents submitted will be returned to you by Registered Post. For further information on the documents which must accompany this application form please refer to the Guidelines available on the Irish Naturalisation & Immigration Service website at <http://www.inis.gov.ie>.

This list is not exhaustive, please refer to the guidelines to ensure that you are providing all evidence required to support your application

Evidence of Identity

- Passport of applicant
- Passport or Spouse/Partner (if applicable)
- Passport or Dependants (if applicable)
- Two passport-size photos of applicant
- Two passport-size photos of Spouse/Partner (if applicable)
- Two passport-size photos of Dependants (if applicable)

Evidence of Family Relationships (if applicable)

- Evidence of legal marriage/partnership
- Evidence of de facto relationship
- Birth certificates of children
- Evidence of Guardianship/Custody

Evidence of Funds

- Evidence of funds available for Start-up
- Evidence of source of funds for Start-up

Details of Start-up

- Business plan

Character

- Police report or character report from risk management consultancy for applicant
- Police report or character report from risk management consultancy for spouse/partner included in the application (if applicable)

Application Fee

- €350 Postal Order or Bankers Draft drawn on and Irish Financial Institution only made payable to
Secretary General of the Department of Justice & Equality

Other Relevant Information

- Any other relevant information which will support this application

