



UTL ÚTLENDINGASTOFNUN DIRECTORATE OF INDUCES DIRECTORATE OF IMMIGRATION

Móttekið:

UTL-númer:

CHILD OF A REFUGEE/SIBLING OF AN UNACCOMPANIED REFUGEE CHILD **APPLICATION FOR INTERNATIONAL PROTECTION THROUGH FAMILY REUNIFICATION**

Please duly complete the application and be sure to sign it. An incomplete application may lead to delays in processing or rejection of the application.

| Applicant | |
|---------------------------|--|
| Name | |
| Date of birth (dd.mm.yy.) | |

For whom is the form intended?

The form is intended for children under the age of 18 who plans to live in Iceland with their parent(s) or sibling who has refugee status. The parent, who lives in Iceland or is moving to Iceland with the child, must have custody, and the child must be without a partner.

What documents must be included with the first application?

Information on necessary supporting documents and document requirements can be found on the Directorate's website. It is important to read the information thoroughly. You can also use the checklist at the end of this form.

How to apply?

Applications can only be submitted in paper form.

They can either be sent by regular mail to the Directorate of Immigration or delivered to the drop box in the Directorate's reception in Dalvegur 18, 201 Kópavogur.

Applications can also be handed in at the Directorate's reception or at the offices of District Commissioners outside the capital area.

Application processing

It is the applicant's responsibility to submit satisfactory documents with an application. If satisfactory documents are not received, this may lead to delays in processing or rejection of the application.

Applications and supporting documents are not assessed upon reception and registration. The Directorate of Immigration contacts the applicant or his/her agent if further documents or information is needed for processing the application.

Information about processing time can be found on the Directorate 's website.

1. Residence permit

Provide information on whether you are applying for a first residence permit or a change on the basis of a residence permit.

I am applying for

a) A first residence permit

b) A permit on a new ground

V-102-EN 2/9

| 2. Ap | plicant's details | | | | | | | |
|---|--|----------|---|-----------|-------------------|-----------|-------------|------------|
| Given r | name | | | | | | | |
| Surnar | ne | | | | | | | |
| Former | names (if applicable) | | | | | | | |
| Gende | r (as in passport) | Marita | l status (ef barn hefur náð 15 ára aldri) | | | | | |
| | Female | | Cohabitation | | Married | | | |
| | Male | | Unmarried | | Widow/widowe | er | | |
| | Non-binary/Other | | Separated | | Divorced | | | |
| Place c | of birth (city) | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Countr | y of birth | | | | | | | |
| Curren | t nationality/nationalities | | | | | | | |
| Former applica | r nationality (if ble) | | | | | | | |
| Are bo | th or one of your parents | Icelandi | c citizens? | | | Yes | | No |
| The inf | ormation will be used to | contact | r in the country where you reside the applicant; therefore it is important that oplication, the Directorate of Immigration s | | | | | ion |
| Addres | S | | | | | | | |
| Postal | code and place | | | | | | | |
| Countr | у | | | | | | | |
| Telepho | one number | | | | | | | |
| Email a | address | | | | | | 1 | 1 |
| Are you | u staying legally in the co | untry wl | here you reside? | | | Yes | | No |
| For ho | w long (dd.mm.yy)? | | | | | | | |
| If the a | nswer is no, please provi | de expla | nation and information where the applican | t is loca | ted. | | | |
| | | | | | | | | |
| Address and telephone number in Iceland A condition for the issuance of residence permits is that applicants state their place of stay in Iceland. The stated address will be registered as their legal domicile by Registers Iceland. The information will also be used to contact the applicant; therefore it is important that the information is correct. If the information changes during the processing of the application, the Directorate of Immigration should be notified by email <u>utl@utl.is</u> . After a permit has been issued any changes of address must be reported to Registers Iceland. | | | | | | | | |
| | s and apartment r (if applicable) | | | | | | | |
| Postal | code and place | | | | | | | |
| Telepho | Telephone number | | | | | | | |
| | Address not yet known. applicant attends the re | | ation of residence in Iceland will be handed hotoshoot). | in after | arrival in Icelan | d (e.g. w | hen the | |
| | | · · · | STOFNUN | | | utl@ | @utl.is v | vww.utl.is |

3. Residence

Residence abroad

| 1100100 | | | | | | | | | | | | |
|--|-----------------------------------|----------|----------------------------|---------------------|-----|----|----|--|--|--|--|--|
| Where have you lived during the past five years? | | | | | | | | | | | | |
| Count | y | | Date from (dd.mm.yy.) | Date to (dd.mm.yy.) | | | | | | | | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| Reside | nce in Iceland | | ' | | | | | | | | | |
| When o | to you intend to come to Iceland? | State th | ne date (dd.mm.yy) | | | | | | | | | |
| | Have arrived in Iceland | When a | did you arrive? (dd.mm.yy) | | | | | | | | | |
| Have you ever applied for a visa to come to Iceland? | | | | | Yes | | No | | | | | |
| Have you previously applied for a residence permit in Iceland? | | | | Yes | | No | | | | | | |
| Have you been in Iceland before? If yes, then when and how long? (If you need more space for further information, please use section 11 in this form). | | | | | Yes | | No | | | | | |
| | | | | | | | | | | | | |

4. Applicant's spouse

| Does not have a spouse | | | | | |
|------------------------------|--|--|--|--|--|
| Given name | | | | | |
| Surname | | | | | |
| Former names (if applicable) | | | | | |
| ID number / Date of birth | | | | | |
| Citizenship | Email address | | | | |
| Date of marriage (dd.mm.yy.) | Date of the registration of cohabitation (dd.mm.yy) | | | | |



| 5. Qu | estions regarding separation with parent(s) |
|--------------|---|
| To be f | illed out by custodian. Please provide answers in the text box below. |
| 5.1 | If the child has not lived with a parent/parents and one or both have arrived in Iceland, when and why did the child separated from the parent/parents? |
| | |
| | |
| | |
| 5.2 | Where did the child live after being separated from the parent(s)? (city/town) |
| | |
| | |
| | |
| 5.3 | Did the child live with relatives/friends or on their own? |
| | |
| | |
| | |
| | |
| 5.4 | How often does the child communicate with the parent(s) after separation and in what way? |
| | |
| | |
| | |
| | |
| 5.5 | Why didn't the child follow his parent(s) to Iceland at the time? |
| | |
| | |
| | |
| | |



| 6. Applicant's children under the age of 18 | | | | | | | | | | | | |
|---|-------------------------------|--------|------|------------------------------|----------|-------------|-----|-------------------------|--------------------------|--------|--------------------------------|--|
| I do not have children under the age of 18 | | | | | | | | | | | | |
| | | | | ID number / Date of birth | | umber / | | Gender (as in passport) | | | Is the child in Iceland? | |
| | Given name | Surnar | ne | | | Citizenship | Воу | Girl | Non- binary/ other | Yes | No | |
| 1. | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | |
| 7. Ap | plicant's parents | | | | | | | | | | | |
| Parent | | | | | | | | | | | | |
| Gende | r (as in passport) | | Male | | | Female | | | Non-binary | /other | | |
| Has cu | stody | | | | <u> </u> | | | <u> </u> | <u> </u> | | | |
| Given r | iame | | 1 | | | | | | | | | |
| Surnan | ıe | | | | | | | | | | | |
| Former | names (if applicable) | | | | | | | | | | | |
| Date of | birth (dd.mm.yy.) | | | | | | | | | | | |
| Date of (dd.mn | death, if applicable 1.yy) | | | | | | | | | | | |
| Citizens | ship | | | | | | | | | | | |
| Addres | S | | | | | | | | | | | |
| Postal | code and place | | | | | | | | | | | |
| Country | / | | | | | | | | | | | |
| Parent | 2 | | | | | | | | | | | |
| Gende | r (as in passport) | | Male | | | Female | | | Non-binary | /other | | |
| Has cu | stody | | | | | | | | | | | |
| Given r | ame | | | | | | | | | | | |
| Surnan | ne | | | | | | | | | | | |
| Former | names (if applicable) | | | | | | | | | | | |
| Former | names (if applicable) | | | | | | | | | | | |



| Date of death, if applicable (dd.mm.yy) | |
|---|--|
| Citizenship | |
| Address | |
| Postal code and place | |
| Country | |

8. Language skills and education

| Langua | Language skills | | | | | | |
|---|------------------|------------------|--|--|--|--|--|
| Native I | anguage | | | | | | |
| Other languages | | | | | | | |
| Education Has the child attended school? | | | | | | | |
| | No | | | | | | |
| | Primary school | Specify how long | | | | | |
| | Secondary school | Specify how long | | | | | |

9. Criminal record- if a child has reached the age of 15

Applicants must submit a criminal record certificate issued by their country of residence. The certificate may not be older than 12 months when submitted.

| A. Have you been fined or sentenced to imprisonment? | | | | | | | | |
|--|---------------------------|-----------------------------------|-------|---|--|--|--|--|
| | No | | | | | | | |
| | Yes | | | | | | | |
| State the | e offence: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| In what o | country? | | When? | | | | | |
| What pe | nalty did you receive? | | | · | | | | |
| | | | | | | | | |
| | | | | | | | | |
| B. Do yo | ou have the status of a s | suspect in a police investigation | ? | | | | | |
| | No | | | | | | | |
| Yes | | | | | | | | |
| State the offence: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |



V-102-EN 7/9

| In what | t country? | | | When? | | | | |
|---------|--|-------------------------------|--|-------|--|--|--|--|
| C. Have | C. Have you been subjected to a re-entry ban into the Schengen Area? | | | | | | | |
| | No | | | | | | | |
| | Yes | If yes, in what country? | | | | | | |
| Is the | Is the er-entry ban still in effect? | | | | | | | |
| | No | If no, when was it in effect? | | | | | | |
| | Yes If yes, when does the ban expire? | | | | | | | |

10. Additional information

If you have further information of significance regarding your application, please state it in the box below.

11. Agent

You only need to fill in this part of the application if you want to give power of attorney to an agent during the processing of this application. You can only have one agent at a time. If you wish to cancel or change your agent, you must communicate this in writing to the Directorate of Immigration.

| Information about your agent | | | | | |
|---|--|--|--|--|--|
| Name | | | | | |
| ID number / Date of birth | | | | | |
| Address | | | | | |
| Phone number | | | | | |
| Email address | | | | | |
| Security number* | | | | | |
| *A four digit security number must be provided for the purpose of obtaining information about the applicant's case from the | | | | | |

*A four digit security number must be provided for the purpose of obtaining information about the applicant's case from the Directorate of Immigration. The security number should be treated like a password and only be known to the person concerned.



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12. Did you remember everything?

The Directorate recommends that you use the checklist below to make sure your application is satisfactory.

| Check | ecklist | | | | | | |
|--------|--|--|--|--|--|--|--|
| | Passport photo (35 mm x 45 mm). | Passport photo (35 mm x 45 mm). | | | | | |
| | | Copy of passport (personal information page and signature page). The passport must be valid at least 90 days beyond the validity of the permit applied for. If the applicant has two or more passports/travel documents, photocopies of each must be submitted. | | | | | |
| | Criminal record certifcate for children 15 and older. Copy of criminal certificate may not be older than 12 months when application is submitted | - | | | | | |
| | Translation of the criminal record certificate by an authorized translateanother language than English or a Nordic language). If the translator hasof the translation must be legally authenticated. | | | | | | |
| | | Certified birth certificate must be submitted in a legally authenticated original or as a certified copy of the legally authenticated original. Legally authenticated is either apostille certification or chain authentication. Please see the Directorate's website for more information. | | | | | |
| | Translation of the birth certificate , by an authorized translator (only applies if foreign certificates are in another language than English or a Nordic language). If the translator has not been legally certified in Iceland, the original of the translation must be legally authenticated | | | | | | |
| | Documents confirming custody. Only custodial parents have the right to family reunification with their children. Documents that confirm custody are for example custudoy document, issued by a competent public authority, divorce papers or death certificates. If both parents hold custody of a child, a certified consent of the parent not applying for family reunification must be submitted. The documents must be submitted in a legally authenticated original or as a certified copy of the legally authenticated original. | | | | | | |
| | Translation of the custody documents , by an authorized translator (only applies if foreign certificates are in another language than English or a Nordic language). If the translator has not been legally certified in Iceland, the original of the translation must be legally authenticated. | | | | | | |
| | | Maritial status certificates for children 16 years and older. The marital status certificate must be submitted in a legally authenticated original or as a certified copy of the legally authenticated original. The document may not be older than six months when the application is submitted. | | | | | |
| | Translation of the marital status certificate , by an authorized translator (only applies if foreign certificates are in another language than English or a Nordic language). If the translator has not been legally certified in Iceland, the original of the translation must be legally authenticated. | | | | | | |
| | Declaration of intent of a child 15 years and older. Must be signed by the child and certified by two authorized persons | | | | | | |
| | Custodians have signed the application. | | | | | | |
| | Applicant has signed the application, only applies if a child is 12 years or older. | | | | | | |
| l wish | ish that the Directorate contacts me through: | | | | | | |
| |] Email 🔲 Regula | ar mail | | | | | |



13. Date and signature

The Directorate of Immigration may obtain further information about you from domestic and / or foreign parties if this is necessary for the application in order to ensure that the information is correct and / or to verify the validity of certificates. The Act no. 90/2018 on Data Protection and the Processing of Personal Data is always respected when gathering information. The Directorate of Immigration, the Immigration and Asylum Appeals Board, Registers Iceland, child protection authorities and the police are permitted to process and combine personal information in accordance with the instructions of the Act on Foreigners and Act on Data Protection and the Processing of Personal Data. In addition, the same parties may obtain information from the tax authorities, the Directorate of Labor and municipalities' social services to ensure that your stay is legal.

If a residence permit is granted, the Directorate of Immigration will forward information to Registers Iceland that is necessary for registration in the National Registry.

Information about you may be used in the processing of later applications and / or applications from family members to ensure that the information is correct. During the period of validity of a residence permit, the Directorate of Immigration may examine your data if information about changed circumstances or the validity of documents is received. Incorrect or misleading information can lead to a residence permit rejection, revocation and possibly an expulsion. Incorrect provision of information to the Directorate of Immigration is a violation of the Act on Foreigners and punishable under the General Penal Code no. 19/1940.

The Directorate of Immigration's Data Protection Policy is available on the Directorate's website.

Applicants who move to Iceland from certain countries must undergo a medical examination within two weeks of arrival in Iceland in accordance with Icelandic law and instructions of the Directorate of Health. If you do not go for a medical examination, a residence permit will not be issued.

I confirm that I have read the information above and that the information I have given on the application form and supporting documents are true and correct. I hereby apply for international protection on the basis of my relationship with a person who has international \Box protection in Iceland. I agree to undergo a medical examination within two weeks of arrival in Iceland in accordance with Icelandic law and instructions of the Directorate of Health, if applicable. Place, date and signature of applicant, if a child is 12 years or older Place Date Applicant's signature Place, date and signature of custodian Place Date Custodians's signature Who filled out the application? Custodian \Box Applicant \Box \Box Agent \square Other If other, who? Connection to the applicant?

