Móttekið:	
Málsnúmer:	

# OTHER RESIDENCE PERMITS APPLICATION FOR FIRST PERMIT

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.

Applic	ant				
Name					
Date of	birth (dd.mm.yy.)				
l am	applying for the follo	wing residence permit:			
	Working Holiday/Youth N	Nobility		for volunteers	
for missionaries				on grounds of legitimate ar	nd special purpose
based on special ties to Iceland				Other, what?	

#### For whom is the form intended?

The form is for adult individuals who are applying for a residence permit for which there is no separate application form. It is necessary to select which residence permit is applied for. If "Other, what?" is selected, it must be specified on what other basiss the application is made.

## 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. Please note that different requirements are made for different types of residence permits.

You can also use the checklist at the end of this form for common requirements.

#### 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. It is necessary to first pay the processing fee by bank transfer and submit the payment receipt with the application for confirmation. An unpaid application will be returned to the applicant.

Applications can also be handed in and paid for in 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.

The Directorate of Immigration forwards an application for a work permit and employment contract to the Directorate of Labor for processing, if applicable.

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. Generally, first residence permits are granted for one year.								
I am ap	plying for								
	a) A first residence perm	nit							
	b) A permit on a new gr	ound							
2. Tie	s with Iceland or oth	er Scho	engen countries						
If your application will be denied and you are still in Iceland the Directorate of Immigration is obligated to issue an expulsion. With a decision on expulsion the Directorate generally issues a period of voluntary departure. If you do not leave the country within the given period of voluntary departure an entry ban is activated, which is usually valid for the entire Schengen-area. Hereby you are given the opportunity to provide information that may be relevant to the expulsion decision and to object to that decision. If you do not fill in this part of the application form, it is regarded as you do not object to an expulsion if your application will be denied. If there are any changes in you circumstances, it is important that you inform the Directorate as soon as possible so that can be taken into account.									
Do you	have any ties with Icelan	d or othe	er countries within the Schengen-area?				Yes		No
If yes, v	vhat ties?								
	Are there any reasons that could lead to that a decision on an expulsion and an entry ban to the Shcengen-area would be considered an unfair measure towards you or other members of your								
If yes, v	vhat reasons?								
3. Ap	plicant's details								
Given n	ame								
Surnam	ie								
Former	names (if applicable)								
Gender	(as in passport)	Marital	status						
	Female		Cohabitation		Married				
	Male		Unmarried		Widow/widov	wer			
	Non-binary/Other		Separated		Divorced				
	f birth (city)								
	of birth								
	nationality/nationalities	الممامح ال	o oitizana?			Ve	,   _	<b>-</b>	No
Are bot	both or one of your parents Icelandic citizens?								

The infor		ontact the applicant; th	nerefore it	is important that the informat of Immigration should be not				ation	
Address									
Postal co	ostal code and place								
Country									
Telephone number									
Email add	Email address								
A condition registered important	d as their legal domicile t that the information is tion should be notified b	esidence permits is tha by Registers Iceland. correct. If the informa	The inforn	nts state their place of stay in lo nation will also be used to con ges during the processing of th t has been issued any changes	tact the ap ne applicat	plicant; t ion, the D	herefore Directora	it is ite of	
	and apartment (if applicable)								
	ode and place								
	e number								
			ce in Icela	nd will be handed in after arriv	al in Icelar	ıd (e.g. w	hen the		
4. Res	idence								
Residence abroad									
Kesiaena	ce abroau								
		past five vears?							
Where ha	ave you lived during the	past five years?		Date from (dd.mm.vv.)	Date t	o (dd.mr	n.vv.)		
Where ha		past five years?		Date from (dd.mm.yy.)	Date t	o (dd.mr	n.yy.)		
Where ha		past five years?		Date from (dd.mm.yy.)	Date t	o (dd.mr	n.yy.)		
Where ha		past five years?		Date from (dd.mm.yy.)	Date t	o (dd.mr	n.yy.)		
Where has Country  1 2 3		past five years?		Date from (dd.mm.yy.)	Date t	o (dd.mr	m.yy.)		
Where has Country  1 2 3 4		past five years?		Date from (dd.mm.yy.)	Date t	o (dd.mr	m.yy.)		
Where has Country  1 2 3 4 5		past five years?		Date from (dd.mm.yy.)	Date t	o (dd.mr	m.yy.)		
Where has Country  1 2 3 4		past five years?		Date from (dd.mm.yy.)	Date t	o (dd.mr	m.yy.)		
Where has Country  1 2 3 4 5		past five years?		Date from (dd.mm.yy.)	Date t	o (dd.mr	m.yy.)		
Where has Country  1 2 3 4 5 6 Residence	ave you lived during the		State th	Date from (dd.mm.yy.)  ne date (dd.mm.yy)	Date t	o (dd.mr	m.yy.)		
Where has Country  1 2 3 4 5 6 Residence When do	ave you lived during the				Date t	o (dd.mr	m.yy.)		
Where has Country  1 2 3 4 5 6 Residence When do	ce in Iceland  you intend to come to I	celand?		ne date (dd.mm.yy)	Date t	o (dd.mr	m.yy.)	No	
Where has Country  1 2 3 4 5 6 Residence When do	ce in Iceland  you intend to come to I	celand?	When o	ne date (dd.mm.yy)	Date t		m.yy.)	No No	
Where has Country  1 2 3 4 5 6 Residence When do  Have you Have you Have you	ce in Iceland  you intend to come to I  Have arrived in Iceland I ever applied for a visa	Iceland?  to come to Iceland?  a residence permit in Ice	When one celand?	ne date (dd.mm.yy)		Yes	m.yy.)		

5 An	nlicentie engues										
o. Ap	plicant's spouse										
	I do not have a spouse.										
Given n	name										
Surnan	ne 										
Former	names (if applicable)										
ID num	ber / Date of birth										
Citizens	ship				Email	address					
Date of	marriage (dd.mm.yy.)					of the registrati itation (dd.mm					
6. Ap	plicant's children un	der th	e age of 18								
	I do not have children u	nder the	age of 18								
							Gender	(as in pas	sport)	Is the child in Iceland?	
	Given name	Surnar	ne	ID num Date of		Citizenship	Boy	Girl	Non- binary/ other	Yes	No
1.											
2.											
3.											
4.											
5.											
6.											
7. Ap	plicant's parents										
Parent	1										
Gender	(as in passport)		Male			Female			Non-binary	other/	
Given n	ame										
Surnam	ne										
Former	names (if applicable)										
Date of	birth (dd.mm.yy.)										
Date of death, if applicable (dd.mm.yy)											
Citizenship											
Addres	s										
Postal	code and place										
Country	У										



Parent	2							
Gender	(as in passport)		Male			Female		Non-binary/other
Given n	ame							
Surnam	ne							
Former	names (if applicable)							
Date of	birth (dd.mm.yy.)							
Date of (dd.mm	death, if applicable n.yy)							
Citizens	ship							
Addres	S							
Postal	code and place							
Country	/							
8. Ap	plicant's relatives in	Icelar	ıd					
	e information about relat			applicable.				
	I have no relatives in Ice	eland						
I have t	he following relatives in I	celand:						
Given n	ame	Surnar	ne	Date of birth (dd.mm.yy.)		Citizenship	Please	state kinship
1.								
2.								
3.								
4.								
5.								
6.								
9. La	nguage skills and ed	lucatio	n					
	ge skills							
Native I	anguage							
Other la	anguages							
<b>Educat</b> i Please	i <b>on</b> check all the applicable b	oxes, or	ıly stating	education tha	t is com	pleted.		
	None or less than prima	ry scho	ol					
	Primary school			Year of gradua	ation:			
	Secondary school			Year of gradua	ation:			
	Secondary school, addit	tional lev	/els	Year of graduation:				



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	University, less	than BA/BS degree	Year of graduation:								
	University, BA/B	3S degree	Year of	f graduat	ion:						
	University, mast	ter´s degree	Year of	f graduat	ion:						
	University, docto	or's degree	Year of	f graduat	ion:						
	of study, highest only one box.	education	1								
	General studies					It and communication					
	Education					Civil engineering, produc	ction and co	onstruction			
	Arts and human	ities				Agriculture, forestry, fish	eries and \	eterinary st	iudies		
	Social science, j	journalism and inform	nation theor	У		Health					
	Business, admir	nistration and law				Welfare					
	Science, mather	matics and statistics				Service					
10. C	riminal record	d									
Applica		a criminal record cert	tificate issu	ed by the	eir cour	ntry of residence. The certi	ficate may	not be olde	r than 12		
A. Hav	e you been fined	or sentenced to imp	risonment?	1							
	No										
	Yes										
State th	ne offence:										
In what	country?				When'	?					
What p	enalty did you red	ceive?									
B. Do y	ou have the stat	us of a suspect in a p	olice inves	stigation	?						
	No										
	Yes										
State tr	ne offence:										
In what	country?				When'	?					
C. Hav	e you been subje	ected to a re-entry ba	n into the S	Schenge	n Area?						
	No										
	Yes	If yes, in what coun	try?								



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Is the I	ban still in effect?	)						
	No	If no, when was it in effect?						
	Yes	If yes, when does the ban expire?						
11. A	11. Additional information							
If you h	nave further inform	mation of significance regarding	your application, please state it in the box below.					
10 1								
12. A								
this app	olication. You can		want to give power of attorney to an agent during the f you wish to cancel or change your agent, you must					
Informa	ation about your	agent						
Name								
ID num	ber / Date of birtl	1						
Addres	S							
Phone	number							

\*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.



Email address

Security number\*

13. D	13. Did you remember everything?							
The Dir	The Directorate recommends that you use the checklist below to make sure your application is satisfactory.							
Check	dist							
	Payment receipt (if the application will be sent by mail o in a bank).	r delive	red to the drop box at Dalvegur 18 and therefore paid for					
	Passport photo (35 mm x 45 mm).							
	<b>Copy of passport</b> (personal information page and signature page). The passport must be valid at least 90 days beyond the validity of the permit applied for.							
	<b>Copy of criminal record certificate</b> from country of residence. The certificate may not be older than 12 months when application is submitted. (Does not apply to residence permits for volunteers).							
	Translation of the criminal record 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.							
	<b>Health insurance confirmation,</b> valid for six months, wit company authorized to operate in Iceland).	h a mir	imum coverage of ISK 2,000,000 (from an insurance					
	<b>Documents confirming</b> secure means of financial support during the period of residence. Information about the amount required, valid means and documents required is available on the Directorate's website.							
	Special requirements of the residence permit applied for. See more information about requirements on the Directorate's website.							
	Applicant has signed the application.							
I wish	that the Directorate contacts me through:							
	Email		Regular mail					

### 14. 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 provided regarding the application for a residence permit is true and correct.							
		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 signatu	ire						
Place								
Date								
Applica	nt's signature							
Who fil	led out the appli	cation?						
	Applicant							
	Agent							
	Other If other, who?							
Connec	ction to the applic	ant.						