



UTL

ÚTLENDINGASTOFNUN
DIRECTORATE OF IMMIGRATION

V-101-EN

Móttakið:

UTL-númer:

SPOUSE OF A REFUGEE 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 for adult individuals who intend to live in Iceland with their spouses who have refugee status. A residence permit for the spouse of a refugee can be granted on the basis of marriage or cohabitation, if the cohabitation has lasted longer than one year. Marriage and cohabitation must have been established before the refugee on whom the application is based on arrived in Iceland. The word spouse both refers to marital spouses and cohabiting spouses.

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

2. Applicant's details

Given name							
Surname							
Former names (if applicable)							
Gender (as in passport)		Marital status					
<input type="checkbox"/>	Female	<input type="checkbox"/>	Cohabitation	<input type="checkbox"/>	Married		
<input type="checkbox"/>	Male	<input type="checkbox"/>	Unmarried	<input type="checkbox"/>	Widow/widower		
<input type="checkbox"/>	Non-binary/Other	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Divorced		
Place of birth (city)							
Country of birth							
Current nationality/nationalities							
Former nationality (if applicable)							
Are both or one of your parents Icelandic citizens?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Address, email, and telephone number in the country where you reside							
The information will 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 utl@utl.is .							
Address							
Postal code and place							
Country							
Telephone number							
Email address							
Are you staying legally in the country where you reside?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
For how long (dd.mm.yy)?							
If the answer is no, please provide explanation and information where the applicant is located:							
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 utl@utl.is . After a permit has been issued any changes of address must be reported to Registers Iceland.							
Address and apartment number (if applicable)							
Postal code and place							
Telephone number							
<input type="checkbox"/>	Address not yet known. Notification of residence in Iceland will be handed in after arrival in Iceland (e.g. when the applicant attends the required photoshoot).						

3. Residence

Residence abroad

Where have you lived during the past five years?

Country	Date from (dd.mm.yy.)	Date to (dd.mm.yy.)
1		
2		
3		
4		
5		
6		

Residence in Iceland

When do you intend to come to Iceland?	State the date (dd.mm.yy)			
<input type="checkbox"/> Have arrived in Iceland	When did you arrive? (dd.mm.yy)			
Have you ever applied for a visa to come to Iceland?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you previously applied for a residence permit in Iceland?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

4. Applicant's 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. Marriage/Cohabitation

Please provide answers in the textbox below.

5.1 When and how did you meet your spouse?

5.2 When and where did you decide to get married/ start cohabiting?

5.3 Whose idea was it to get married/start cohabiting?

5.4 When and where did you get married/ start cohabiting?

5.5 In what way and how often do you contact each other when you are apart?

5.6 Where did you live after the marriage/cohabitation was established? (city/town and date if possible)

5.7 Where did you live after you and your spouse separated? (city/town)

5.8 Did you live with relatives/friends or on your own?

5.9 Why didn't you follow your spouse to Iceland when your spouse came and applied for international protection?

Cohabitation

You only need to answer part 6.0 if you are in cohabitation and unmarried. Please provide answers in the textbox below.

6.0 For how long have you been cohabiting?

Please state where and during what periods you have lived together.
Also, submit documents confirming cohabitation during the periods stated.

Address (street name, number, postal code, city, country)	Period	
	From (dd.mm.yy)	To (dd.mm.yy)

6. Applicant's children under the age of 18

I do not have children under the age of 18

	Given name	Surname	ID number / Date of birth	Citizenship	Gender (as in passport)			Is the child in Iceland?	
					Boy	Girl	Non-binary/ other	Yes	No
1.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Applicant's parents**Parent 1**

Gender (as in passport)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-binary/other
Given name			
Surname			
Former names (if applicable)			
Date of birth (dd.mm.yy.)			
Date of death, if applicable (dd.mm.yy)			



Citizenship						
Address						
Postal code and place						
Country						
Parent 2						
Gender (as in passport)	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Non-binary/other
Given name						
Surname						
Former names (if applicable)						
Date of birth (dd.mm.yy.)						
Date of death, if applicable (dd.mm.yy)						
Citizenship						
Address						
Postal code and place						
Country						

8. Applicant's relatives in Iceland

Provide information about relatives in Iceland, if applicable.

I have no relatives in Iceland.

I have the following relatives in Iceland:

Given name	Surname	Date of birth (dd.mm.yy.)	Citizenship	Please state kinship
1.				
2.				
3.				
4.				
5.				
6.				

9. Language skills and education

Language skills

Native language

Other languages

Education

Please check all the applicable boxes, only stating education that is completed.



<input type="checkbox"/>	None or less than primary school		
<input type="checkbox"/>	Primary school	Year of graduation:	
<input type="checkbox"/>	Secondary school	Year of graduation:	
<input type="checkbox"/>	Secondary school, additional levels	Year of graduation:	
<input type="checkbox"/>	University, less than BA/BS degree	Year of graduation:	
<input type="checkbox"/>	University, BA/BS degree	Year of graduation:	
<input type="checkbox"/>	University, master's degree	Year of graduation:	
<input type="checkbox"/>	University, doctor's degree	Year of graduation:	

Fields of study, highest education

Check only one box.

<input type="checkbox"/>	General studies	<input type="checkbox"/>	It and communication
<input type="checkbox"/>	Education	<input type="checkbox"/>	Civil engineering, production and construction
<input type="checkbox"/>	Arts and humanities	<input type="checkbox"/>	Agriculture, forestry, fisheries and veterinary studies
<input type="checkbox"/>	Social science, journalism and information theory	<input type="checkbox"/>	Health
<input type="checkbox"/>	Business, administration and law	<input type="checkbox"/>	Welfare
<input type="checkbox"/>	Science, mathematics and statistics	<input type="checkbox"/>	Service

10. Criminal record

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?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

State the offence:

--	--	--	--

In what country?		When?	
------------------	--	-------	--

What penalty did you receive?

--	--	--	--

B. Do you have the status of a suspect in a police investigation?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

State the offence:

--	--	--	--



In what country?		When?	
C. Have you been subjected to a re-entry ban into the Schengen Area?			
<input type="checkbox"/>	No		
<input type="checkbox"/>	Yes	If yes, in what country?	
Is the ban still in effect?			
<input type="checkbox"/>	No	If no, when was it in effect?	
<input type="checkbox"/>	Yes	If yes, when does the ban expire?	

11. Additional information

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

12. 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 Directorate of Immigration. The security number should be treated like a password and only be known to the person concerned.



13. Did you remember everything?

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

Checklist

<input type="checkbox"/>	Passport photo (35 mm x 45 mm).
<input type="checkbox"/>	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.
<input type="checkbox"/>	Copy of criminal record certificate for children 15 and older , from country of residence. The certificate may not be older than 12 months when application is submitted.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Confirmation of marriage / cohabitation. Documents must be legally authenticated with an apostille certification or chain authentication. For marital spouse: Original or certified copy of the original marriage certificate. For cohabiting spouse: Original or certified copies of the original marital status certificates of the applicant and the cohabiting spouse and other documents confirming that they have cohabited for at least one year.
<input type="checkbox"/>	Translation of the marriage certificate / marital status certificates 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.
<input type="checkbox"/>	Applicant's spouse has signed the application.
<input type="checkbox"/>	Applicant has signed the application.

I wish that the Directorate contacts me through:

<input type="checkbox"/>	Email	<input type="checkbox"/>	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 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 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

Place	
Date	
Applicant's signature	

Who filled out the application?

<input type="checkbox"/>	Applicant		
<input type="checkbox"/>	Agent		
<input type="checkbox"/>	Other	If other, who?	

Connection to the applicant?	
------------------------------	--

15. To be filled in by the applicant's spouse

- I give my approval for this application.**

Place	
Date	
Applicant's spouse signature	