



UTL

ÚTLENDINGASTOFNUN
DIRECTORATE OF IMMIGRATION

D-101

Móttekið:

UTL-númer:

RESIDENCE PERMIT FOR SPOUSE 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.

Applicant

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

I am a spouse of:

| | |
|---|--|
| <input type="checkbox"/> an Icelandic citizen | <input type="checkbox"/> a foreign citizen |
|---|--|

For whom is the form intended?

The form is for adult individuals who intend to live in Iceland with their spouses. A permit for a spouse can be granted based on marriage or cohabitation, if the cohabitation has lasted longer than one year. The word spouse both refers to marital spouses and cohabiting spouses.

If the applicant's spouse is a citizen of an EEA/EFTA state, a residence card for family members of an EEA/EFTA citizen (form E-200) should be applied for instead.

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. 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 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 | | | |
| Are both or one of your parents Icelandic citizens? | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |

Address, email and telephone number in home country

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 | |

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 Why do you want to settle down in Iceland?

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

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

Cohabitation

You only need to answer part 5.6 if you are in cohabitation and unmarried. Please provide answers in the textbox below.

5.6 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.

None or less than primary school

Primary school

Year of graduation:

Secondary school

Year of graduation:

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. Visa

This section only applies to those who are not in Iceland. If you need a visa to come to Iceland, indicate in what country/city you would prefer to get your visa. Iceland is not represented everywhere, and you may need to pick up the visa in another country than you live in.

13. 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.



14. Did you remember everything?

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

Checklist

| | |
|--------------------------|---|
| <input type="checkbox"/> | Payment receipt (if the application will be sent by mail or delivered to the drop box at Dalvegur 18 and therefore paid for in a bank). |
| <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. |
| <input type="checkbox"/> | Copy of criminal record certificate 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"/> | Health insurance confirmation , valid for six months, with a minimum coverage of ISK 2,000,000 (from an insurance company authorized to operate in Iceland). |
| <input type="checkbox"/> | Documents confirming secure means of financial support during the period of residence. Due to the maintenance obligation between marital spouses, it is enough that one party in a marriage demonstrates sufficient financial means for both. A cohabiting spouse must however demonstrate independent means of financial support. Information about the amount required, valid means and documents required is available on the Directorate's website. |
| <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"/> | Application for work permit based on family reunification and employment contract , if applicable. Work permit application and employment contract in original, signed both by applicant and employer. The spouse of an Icelandic citizen does not need to apply for a work permit to work in Iceland. |
| <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 |
|--------------------------|-------|--------------------------|--------------|



15. 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 signature

| | |
|-----------------------|--|
| Place | |
| Date | |
| Applicant's signature | |

Who filled out the application?

Applicant

Agent

Other

If other, who?

Connection to the applicant.



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

The Directorate of Immigration obtains the criminal record of the family member on which the application is based and contacts the applicant in case the record entails a violation of section XXI-XXIV of the Icelandic Penal Code no. 19/1940. This is done to see if the conditions of paragraph 2 Article 69 of the Foreign Nationals Act are met. The provision states: A residence permit on grounds of family reunification will not be granted if the family member on whom the application is founded has in the last five years been convicted or subjected to security measures for violations under the measures provided in Sections XXI-XXIV of the Icelandic Penal Code, unless refusal of a residence permit would constitute an unfair measure against him/her or his/her immediate family.

If the applicant's means of support is not sufficient according to the documents submitted, the Directorate may obtain information about the applicant's marital spouse from the withholding tax register of the Iceland Revenue and Customs (Skatturinn).

I confirm that I have read the information above.

I give my approval for this application.

| | |
|------------------------------|--|
| Place | |
| Date | |
| Applicant's spouse signature | |