

D-201



## APPLICATION FOR A RESIDENCE PERMIT FOR SPOUSE OR COHABITING PARTNER OF AN ICELANDIC CITIZEN

Please fill out this form carefully and remember to sign it. An application form that is not filled out in a satisfactory manner may result in delays of the procedure or in the application being denied.

### For whom is the application form?

The form is only intended for an individual, 18 years of age or older, intending to reside in Iceland with his/her spouse or cohabitor (cohabitation must have lasted longer than one (1) year).

### What documents must accompany the application?

See further information on the website of the Directorate of Immigration about the requirements for accompanying documents and data regarding renewal of residence permits.

- Passport photograph (35 mm x 40 mm).
- Photocopy of the passport.
- Confirmed original of a foreign criminal record certificate.
- Translation by an authorized translator of a criminal record certificate if applicable.
- Medical-expense insurance.
- Documents on support.
- Confirmed copy of the original marriage certificate (if married) or marital status certificate (if cohabiting).
- Confirmed copy or original translation of the marriage certificate (if married) or marital status certificate (if cohabiting) by an authorized translator.

### How is an application submitted?

An application may be submitted and paid for at the reception desk of the Directorate of Immigration or at the office of a district commissioner outside of the Reykjavík capital area. If the applicant is in Iceland, he/she must appear in person. If an application is sent by mail a payment receipt must be enclosed.

The applicant must appear in person when applying for renewal of his/her residence permit, either at the reception of the Directorate of Immigration or at offices of district commissioners outside of the Reykjavík Capital Area. The applicant will be photographed and must submit a sample of his/her signature.

Please note that if the applicant submits an application in person he/she should bring his/her passport along.

### Information about the processing fee

A fee must be paid for the processing of an application for a residence permit and the application will not be processed without payment. An application that has not been paid for will be returned to the applicant. Further information about the fee is in part 15 of the application form and also on the website of the Directorate of Immigration.

### Objectives regarding time of procedure and process

The Directorate of Immigration expedites as possible its processing of applications in accordance with the Administrative Procedures Act no. 37/1993. If the applicant provides all the required information in the application form and submits satisfactory accompanying documents with the application, the processing of the application will take less time.

### The Directorate of Immigration contacts the applicant or his/her representative if further documents are needed for processing the application.

Please note that the reception-desk personnel of the Directorate of Immigration do not assess applications or accompanying documents.

### Other information

Further information about applications and processing time is on the website of the Directorate of Immigration ([www.utl.is](http://www.utl.is)).

### To be filled out by the Directorate of Immigration

Er umsóknin undirrituð af umsækjanda?	<input type="checkbox"/> Já	<input type="checkbox"/> Nei
Er umsóknin í frumriti?	<input type="checkbox"/> Já	<input type="checkbox"/> Nei
Hafa allar umbeðnar upplýsingar verið veittar (þ.m.t. heimilisfang, netfang og símanúmer)?	<input type="checkbox"/> Já	<input type="checkbox"/> Nei
Fylgir ljósrit af persónusíðu og rithandarsýnishorni vegabréfs?	<input type="checkbox"/> Já	<input type="checkbox"/> Nei
Fylgir vottorð um hjúskap eða sambúð?	<input type="checkbox"/> Já	<input type="checkbox"/> Nei

## Rights attached to the permit

- The spouse or a cohabiting partner may be in Iceland when applying for a residence permit and while it is being processed.
- An applicant who is required to have a visa and who is abroad when applying for a residence permit cannot come to Iceland until the residence permit has been granted.
- The spouse or cohabiting partner of an Icelandic citizen is authorized to work without a work permit in Iceland. Spouses of Icelandic citizens may begin to work as soon as they have submitted an application for a residence permit but a cohabiting partner may not start working before the residence permit has been granted.
- A residence permit is generally granted for one (1) year at a time, however, two (2) years as a maximum.
- A residence permit may be renewed for two (2) years maximum at a time.
- The residence permit provides a right to family reunification for the applicant's children under the age of 18 and for the parents of an applicant if the parents are 67 years of age or older.
- The residence permit may be a basis of a permanent residence permit.
- The spouse of an Icelandic citizen may have the right to Icelandic citizenship after three (3) years of living in Iceland after marriage and a cohabiting partner of an Icelandic citizen may have the right to Icelandic citizenship after five (5) years of living in Iceland after the formal registration of cohabitation, provided that other requirements are met. One requirement is that the spouse has had Icelandic citizenship for at least five (5) years.

## 1. Application for a residence permit and period of validity

State information about the period you wish the permit to apply to and whether this is a first permit or a changed issued permit.

### I apply for:

- a) First residence permit
- b) Renewal<sup>1</sup>
- c) A permit on a new ground

### I request the period of validity of the residence permit being:

From (dd.mm.yy.)

To (dd.mm.yy.)

<sup>1</sup> If a renewal of the residence permit is not applied for before the period of validity expires, the application will be processed as if this were an application for a first permit

## 2. The applicant

Given name			
Surname			
Former names (if applicable)			
Date of birth (dd.mm.yy.)			
<b>Gender</b>	<b>Marital status</b>		
Male <input type="checkbox"/>	Unmarried <input type="checkbox"/>	Widow/widower <input type="checkbox"/>	
Female <input type="checkbox"/>	Cohabitation <input type="checkbox"/>	Separated <input type="checkbox"/>	
	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	
Place of birth (city)			
Country of birth			
Current nationality/nationalities			
Former nationality (if applicable)			

Are both or one of your parents Icelandic citizens? Both  One  Neither

### Address, email and telephone numbers in the home country

This information will be used to contact the applicant; therefore it is important that this information is correct. If the information changes during the procedure of the application you are kindly requested to notify the Directorate of Immigration of this using the email: utl@utl.is

Address			
Postal code and city			
Country			

Telephone number	
Email address	

**Address, email and telephone number in Iceland**

A requirement for issuance of a residence permit is that the applicant has stated his/her place of stay in Iceland, cf. Act no. 80/2016 on Foreigners. The stated address will be registered by Registers Iceland as the applicant's domicile. The information will be used to contact the applicant; hence it is important for such information being correct. If the information changes while the application is being processed, kindly notify the Directorate

Address	
Postal code and city	
Telephone number	
Email	

Address not yet known. Notification of residence in Iceland will be handed in after arrival in Iceland e.g. when applicant attends the required photoshoot).

**3. Information about passport and residence**
**Passport**

Please note that a valid passport is required and the period of validity of the passport must be at least three (3) months longer than the validity of the residence permit. Photocopies of the passport's personal information page and signature page must be submitted with the application.

Passport number	
Other travel documentation, state which	
Country in which the passport is issued	
Issued by	
Date of issue (dd.mm.yy.)	
Date of expiry (dd.mm.yy.)	

Does not have a valid passport (Why not? Kindly explain in **part 12** of this form).

**Residence abroad**

Where have you lived over the last five (5) years?

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

**Residence in Iceland**

Only applicable for those applying for first permit.

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

#### 4. Applicant's spouse or cohabiting partner

##### Applicant's spouse or cohabiting partner

Given name	<input type="text"/>
Surname	<input type="text"/>
Former names (if applicable)	<input type="text"/>
Birth date (dd.mm.yy.)	<input type="text"/>
Nationality	<input type="text"/>
Date of marriage (dd.mm.yy.)	<input type="text"/>
Date of the registration of cohabitation (dd.mm.yy.)	<input type="text"/>

#### 5. Marriage or cohabitation

Only applicable when applying for a first permit

### Marriage

Questions regarding an application for a residence permit on grounds of marriage. Enter your answers in the textbox below:

5.1 How and when did you meet your spouse?

5.2 Where and when did you decide to get married?

5.3 Whose idea was it to get married?

5.4 How frequently and in what way are the two of you in contact when you are not together?

5.5 What is the reason you want to settle down in Iceland, i.e. what is the purpose of your stay?

### Cohabitation

Questions regarding an application for a residence permit on grounds of cohabitation. Enter your answers in the textbox below:

5.6 How and when did you meet your cohabiting partner?

5.7 How long have you been cohabiting partners?

**Where and during what period did you live together for 12 months or more, and where can this cohabitation be confirmed?**

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

5.8 How frequently and in what way are the two of you in contact when you are not together?

5.9 How and when was the decision taken to start cohabitation in Iceland?

5.8 What is the reason you want to settle down in Iceland, i.e. what is the purpose of your stay?

## 6. Applicant's children

The residence permit provides a right to family reunification for applicant's children under 18 years of age. If a residence permit for a child is to be applied for a separate application for each child must be submitted. State information about children who reside both in Iceland and abroad.

### Applicant's children

I do not have children

	Given name	Surname	Date of birth (dd.mm.yy.)	Nationality	Gender		Is the child in Iceland?	
					Female	Male	Yes	No
1.					<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"/>
3.					<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"/>
5.					<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"/>

## 7. Applicant's parents

Permanent residence permit grants the right to family reunification for the applicant's parents aged 67 years and older.

### Applicant's father

Given name	
Surname	
Former name (if applicable)	
Date of birth (dd.mm.yy.)	
Date of death (dd.mm.yy.), (if applicable)	
Nationality	
Address	
Postal code and city	
Country	

### Applicant's mother

Given name	
Surname	
Former name (if applicable)	
Date of birth (dd.mm.yy.)	
Date of death (dd.mm.yy.), (if applicable)	
Nationality	
Address	
Postal code and city	
Country	

## 8. Applicant's relatives in Iceland

State whether you have relatives in Iceland.

<input type="checkbox"/>	I have no relatives/family in Iceland				
<input type="checkbox"/>	I have the following relatives/family members in Iceland:				
	Given name	Surname	Date of birth (dd.mm.yy.)	Nationality	State kinship
1.					
2.					
3.					
4.					
5.					
6.					

## 9. Language skills and education

### Language skills

Native language	
Other languages	

**Education level**

Please check all the applicable boxes, however, 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="text"/>
<input type="checkbox"/>	Secondary school	- Year of graduation:	<input type="text"/>
<input type="checkbox"/>	Secondary school, additional levels	- Year of graduation:	<input type="text"/>
<input type="checkbox"/>	University, less than BA/BS degree	- Year of graduation:	<input type="text"/>
<input type="checkbox"/>	University, BA/BS degree	- Year of graduation:	<input type="text"/>
<input type="checkbox"/>	University, master's degree	- Year of graduation:	<input type="text"/>
<input type="checkbox"/>	University, doctor's degree	- Year of graduation:	<input type="text"/>

**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. Stay abroad**

Only applies to those renewing their residence permit.

List all of your travels abroad during the period of validity of your latest residence permit until the date this application is submitted.

A permit holder may not stay abroad for more than three (3) months per every 12-month period while the residence permit is valid.

The Directorate of Immigration decides whether a residence permit should be rescinded if a permit holder has stayed abroad for more than three (3) months.

Where have you stayed during the stated period?

	Country	Date of departure from Iceland (dd.mm.yy.)	Date of arrival in Iceland (dd.mm.yy.)	Number of days abroad	Purpose of stay abroad
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**11. Criminal record**

 Please submit with a first permit a criminal record certificate from the country or countries where you have resided over the last five (5) years. The criminal record certificate must be received in original format, be lawfully confirmed (i.e. apostille or double confirmation), and may not be older than six (6) months when submitted to the Directorate of Immigration. If the certificate is in another language than English or one of the Nordic languages, a translation must accompany the original, translated by an authorized translator. See further [www.utl.is](http://www.utl.is).

**A. Have you been fined or sentenced to imprisonment?**

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

No

Yes

**State the offence:**

In what country?

When?

**C. Do you authorize the Directorate of Immigration to check your criminal record with foreign authorities?**

Yes

No

**If no, state the reason why?**

**D. Have you been subject to a re-entry ban into the Schengen Area?**

No

Yes

In what country?

**Is the ban still in effect?**

No. When was it in effect?



Yes. When does the ban expire?

**12. Additional information**

If you have further information of significance regarding your application for a residence permit in Iceland, kindly state it here in the box below.

**13. Visa**

Applies only to applicants for first residence permit.

If you need a visa to come to Iceland, where do you wish to obtain the visa?

If your application is accepted, the Directorate of Immigration may send a request for a D-visa to Danish or Norwegian embassies representing Iceland and as listed on the website of the Directorate of Immigration and the Icelandic embassies in China and Russia.

**14. Applicant's representative**

An applicant may only have one representative at any time. An applicant wishing to replace his/her representative must submit a form to this effect to the Directorate of Immigration. If an applicant wishes to withdraw his/her authorization for representation, the applicant must send a written notification to the Directorate of Immigration stating such change. Please note that the representative may not sign the application.

Check the box regarding authorizations

I realize that all communication (including correspondence) with the Directorate of Immigration will be with my representative and that the representative will have access to the information and data in my application.  
 I realize that my representative, not I, will receive information about the conclusion of my application.

- I authorize the following individual to represent me regarding this application,
- to receive documents on my behalf,
- to appeal a decision by the Directorate of Immigration to the Immigration and Asylum Appeals Board in the event of my application being refused.

**Information about the representative**

Given name	<input style="width: 95%;" type="text"/>
Surname	<input style="width: 95%;" type="text"/>
ID number (Kennitala)	<input style="width: 50%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>
Postal code and city	<input style="width: 95%;" type="text"/>
Country	<input style="width: 95%;" type="text"/>
Telephone number	<input style="width: 95%;" type="text"/>
Email address	<input style="width: 95%;" type="text"/>
<b>Applicant's signature</b>	<input style="width: 95%;" type="text"/>

## 15. Processing fee

The Directorate of Immigration and district commissioners outside of the Reykjavík Capital Area receive applications for residence permits in return for the payment of a service fee. The amount of the fee is decided in the Act no.88/1991 on Additional Revenues of the National Treasury.

If the service fee is not paid the application will not be processed. An application that has not been paid for will be returned to the applicant.

An application may be submitted on behalf of the applicant and paid for at the reception desk of the Directorate of Immigration or at the offices of district commissioners outside of the Reykjavík capital area. An application sent by mail must be accompanied by a payment receipt and if the applicant is in Iceland he/she must appear in person.

Please note that if the applicant submits an application in person he/she should bring his/her passport along.

See further information on the website of the Directorate of Immigration ([www.utl.is](http://www.utl.is)).

## 16. Did you remember everything?

If the application form is correctly filled out and accompanied by all relevant data, this will expedite the application's procedure. It is therefore important that you check whether your application is well filled out, whether correct information is stated and whether you have submitted all necessary data.

The Directorate of Immigration recommends that you use the checklist below to ensure that your application is satisfactory.

The Directorate of Immigration may request additional data if it feels there is a need to examine whether the requirements for a residence permit are met.

## 17. Applicant's checklist

<input type="checkbox"/>	<b>Payment receipt</b> (If the application has been paid for at a bank).
<input type="checkbox"/>	<b>Passport photo</b> (35 mm x 45 mm).
<input type="checkbox"/>	<b>Photocopies of the personal information page and signature page of your passport.</b> The passport's period of validity must be at least three (3) months longer than the period of validity of a residence permit.
<input type="checkbox"/>	<b>Confirmed original criminal record certificate</b> (From all countries where the applicant has resided over the last five (5) years, not older than six (6) months). A lawful confirmation of the criminal record certificate is required (i.e. apostille or double confirmation).
<input type="checkbox"/>	<b>Translation by an authorized translator of a criminal record certificate</b> (Only applies if a foreign criminal record certificate is in another language than English or a Nordic language). Certified confirmation is required of the translation if done by a translator who does not hold formal authorization in Iceland as a translator, i.e. apostille or double confirmation.
<input type="checkbox"/>	<b>Medical expense insurance</b> , valid for six (6) months, minimum ISK 2,000,000 (issued by an insurance company that is licensed to operate in Iceland).
<input type="checkbox"/>	<b>Documents on support</b> , confirming secure support during the period of residence. There is a legal mutual obligation for spousal support. If the applicant is married, he/she does not have to prove own support, if the spouse can show sufficient support for the couple. An applicant who is in cohabitation must prove independent means of support. Information about which documents may illustrate secure means of support is contained on the website of the Directorate of Immigration, <a href="http://www.utl.is">www.utl.is</a> .
<input type="checkbox"/>	<b>Confirmation of marriage / cohabitation.</b> Note the requirement for a certified original of the marriage certificate, i.e. with apostille or double authentication. The copy must be stamped by an authority competent to do so. <b>For spouse:</b> Confirmed copy of the original marriage certificate. <b>For cohabiting partner:</b> Confirmed copy of the original of a marital status certificate of the applicant and the cohabiting partner and other documents confirming that they have cohabited for at least one (1) year.
<input type="checkbox"/>	<b>Confirmed copy or original translation of the marriage certificate or of the marital status by an authorized translator</b> , (This applies only to foreign certificates in other languages than English or a Nordic language. Note the requirement for a certification of the translation if it is done by a translator who has not received an authorization as a translator in Iceland, i.e. apostille or double stamp).
<input type="checkbox"/>	<b>The applicant has signed the application.</b>

## 18. Applicant's checklist for a renewal of a permit

**If a renewal of the residence permit is not applied for before the period of validity expires, the application will be processed as if this were an application for a first permit, not renewal.**

- |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <b>Photocopy of passport:</b> (Personal information page and signature sample). The period of validity shall be at least 90 days in excess of the period of validity of the residence permit.                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> | <b>Documents on support,</b> confirming secure support during the period of residence. There is a legal mutual obligation for spousal support. If the applicant is married, he/she does not have to prove own support, if the spouse can show sufficient support for the couple. An applicant who is in cohabitation must prove independent means of support. Information about which documents may illustrate secure means of support is contained on the website of the Directorate of Immigration, <a href="http://www.utl.is">www.utl.is</a> . |
| <input type="checkbox"/> | <b>The applicant has signed the application.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

## 19. Date and signature

I hereby apply for an Icelandic residence permit and confirm with my signature that the information I have stated in this application form, in annexes and the accompanying documents as being true and correct. I understand that giving misleading or false information to public authorities is punishable according to the Icelandic Penal Code No. 19/1940, and could result in denial or withdrawal of a residence permit and possibly expulsion on grounds of the Act on Foreigners No. 80/2016. Violations of the Act on Foreigners are reported to the police.

I am informed of it being permissible to integrate data held by the Directorate of Immigration, the Immigration and Asylum Appeals Board, Registers Iceland and the police according to the Act on Foreigners. The Directorate of Immigration is furthermore authorized to obtain information from the tax authorities, the Directorate of Labor and the municipal social services according to the same law.

I am furthermore informed of how the Directorate of Immigration may obtain further information if necessary because of this application and as provided for by the Data Protection Act no. 77/2000.

I realize that the information I provide might be used regarding the processing of subsequent applications and/or applications by family members.

I am informed that the Directorate of Immigration forwards data to Registers Iceland as necessary for registration in Registers Iceland.

I agree to undergo medical examination within two weeks from arrival in Iceland according to applicable law and as instructed by health authorities.

### Place, date and applicant's signature

Place

Date of signature (dd.mm.yy)

**Applicant's signature**

### Place, date and applicant's spouse/cohabiting partner signature of consent

Place

Date of signature

**Spouse's/cohabiting partner's signature**

### Who filled out the application?

- |                          |                             |                      |
|--------------------------|-----------------------------|----------------------|
| <input type="checkbox"/> | Applicant                   |                      |
| <input type="checkbox"/> | Representative              |                      |
| <input type="checkbox"/> | Another person, who?        | <input type="text"/> |
|                          | Connection to the applicant | <input type="text"/> |

To be filled out by the Directorate of Immigration

<input type="checkbox"/>	Dvalarleyfi veitt til	
	Afgreitt	