

Application for national visa (D-visa) for Sweden

This application form is free of charge

Use this form if you are outside Sweden and want to apply for a visit to Sweden for more than 90 days and up to one year. Submit your application to a Swedish diplomatic mission (embassy, consulate or equivalent) processing migration cases. For information on what documents to submit with the application please consult the relevant diplomatic mission.

The form should also be used if you have applied for an extension of your work permit and need to undertake a business trip while your extension application is being processed. Submit your application with supporting documents to the Migration Agency in Sweden. For information on supporting documents please visit www.migrationsverket.se.

1. Surname (Family name)				FOR OFFICIAL USE ONLY	
2. Surname at birth (Former family name(s))				Date of application:	
3. First name(s) (Given name(s))				Application number:	
4. Date of birth (day-month-year)	5. Place of birth	7. Current nationality		Application lodged at: <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> Other:	
	6. Country of birth	Nationality at birth, if different			
Other nationalities					
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	9. Civil status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Registered Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify)			File handled by:	
10. Parental authority (in case of minors) or legal guardian (surname, first name, address, if different from applicant's, telephone no., email address and nationality)				Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> TMI <input type="checkbox"/> Means of transport <input type="checkbox"/> Other:	
11. National identity number, where applicable					
12. Type of travel document <input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify)				Visa decision: <input type="checkbox"/> Refused <input type="checkbox"/> Issued	
13. Number of travel document	14. Date of issue	15. Valid until	16. Issued by (country)		
17. Personal data of the family member who is an EU, EEA or CH citizen, if applicable Surname (Family name) First name(s) (Given name(s))				Visa type: <input type="checkbox"/> D <input type="checkbox"/> Valid: From: Until:	
Date of birth (day-month-year)	Nationality	Number of travel document or ID card			
18. Family relationship with an EU, EEA or CH citizen, if applicable <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Dependent ascendant <input type="checkbox"/> Registered Partnership <input type="checkbox"/> Other (please specify)				Number of entries: <input type="checkbox"/> Multiple	
19. Applicant's home address and email address			Telephone no.		Number of days:

20. Residence in a country other than the country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent No. Valid until	FOR OFFICIAL USE ONLY
21. Current occupation	
22. Employer and employer's address and telephone number. For students, name and address of educational establishment	
23. Purpose(s) of the journey <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting Family or Friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reasons <input type="checkbox"/> Study <input type="checkbox"/> Other (please specify)	
24. Name and address of inviting company, organisation or person	
Surname, first name, address, telephone no. and email address of contact person	
25. Information on purpose of stay	
26. Intended date of arrival of the first intended stay in the Schengen area Intended date of departure from the Schengen area after the first intended stay	

I am aware that the visa fee is not refunded if the visa is refused.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted.

I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 6(1) of Regulation (EU) No 2016/399 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.

Place and date	Signature (signature of parental authority/legal guardian, if applicable)
----------------	---