

# Application for Extension of Visitor Permission in Exceptional Circumstances

#### This form is for:

This form is for people who are already in Ireland on a *visitor permission* and, because of unforeseen and exceptional circumstances, need to extend their visitor permission for up to *90 days*.

### You should use this application form if:

- You are in Ireland on visitor permission, e.g. you entered the State as a visitor less than 90 days ago and you intended to leave within those 90 days
- Something has happened that unexpectedly means you need to stay up to a further 90 days
- You have travel insurance to cover the extra time you will spend in Ireland
- You have funds available to cover the extra time you will spend in Ireland
- You expect to leave Ireland less than 90 days after your original visitor permission expires

## How to complete this form:

- Read the guidelines which are available on our website: Extension of Visitor Permission
- Fill out one form for each adult and each child who requires an extension of visitor permission
- Compete all sections of the form fully
- Compete the form in English, in block capitals, and use ticks where appropriate.
- Sign and date the data privacy statement
- Include the required documents listed in the checklist in Section 5

### **How to Submit this form:**

Please submit your application through the dedicated Customer Service portal. You can register for an account or log in to your existing account (https://portal.irishimmigration.ie/en/):

- Select 'Submit Query' and choose the correct options from the following categories:
   'Domestic Residence and Permissions>I want to submit an application>Extension of Visitor Permission'
- Please attach your signed and fully completed application form in PDF format with supporting documents (as per Section 5)
- You may attach extra documents in separate portal queries or we will request extra
  documents from you. Include all applications for your group along with the full names and date
  of birth of each applicant in the text.

Applications submitted via the Customer Service portal ensures a more efficient and quicker response. However you may also post applications to: Extension of Visitor Permission, Immigration Service Delivery,13-14 Burgh Quay, Dublin 2, DO2 XK70

## **Next Steps**

- Applications are processed as quickly as possible, usually within 1 month. We cannot provide updates on an application's status.
- If anything in your circumstances changes, you must submit new supporting documentation as appropriate.
- Applications will not be accepted from persons outside the State.
   If successful a registration fee of €300 per adult shall be payable at your local immigration office

## **Data Privacy Notice**

The Domestic Residence and Permissions Division (DRP), Immigration Service Delivery (a part of the Department of Justice) will treat all information and personal data that you provide as confidential, in accordance with the EU General Data Protection Regulation and the Data Protection Act, 2018. Information provided to the Department of Justice will only be shared with other approved organisations in accordance with appropriate legislation.

The full text of the Privacy Notice for Immigration Service Delivery can be found on our website at https://www.irishimmigration.ie/privacy-policy-and-cookies/

https://www.justice.ie/en/JELR/Pages/Data Protection	ı at:
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I acknowledge that I have read and understood the infordata protection rights.	mation outlined above, which relates to my
I confirm that the information provided in the form below	is true to the best of my knowledge
Name	
Signature	
	Date
Name of Parent/Guardian of applicant aged under 18 years	ears:
Signature of Parent/Guardian	
	Date

# **Section 1** Personal Details of the Applicant

In this section, you will need to provide some personal details about yourself.

1.1 Surname(s) (as	shown	in pas	sport	)													
<b>1.2</b> Forename(s) (as	shown	ı in pa	sspor	t)													
<b>1.3</b> Date of Birth																	
D D M M Y	Y	ΥΥ	/														
1.4 Current Address	(in the	State	)														
Eir Code																	
<b>1.5</b> Phone Number																	
1.6 E-mail Address				Τ													
1.7 Please supply de	etails of	f all ch	ildrer	trav	ellin	g wit	h yo	u inc	ludir	ng th	eir re	elatio	onsh	ip to	you.	•	

Please note that each individual (including children) requiring an extension must make a separate application

# Section 2 Travel Details of the Applicant

In this section, you will need to provide details of the passport or other travel document you used to enter the State, any visas you used and your travel history in the state.

2.1 Nationality/Citizenship
2.2 Passport Number
2.3 Date of Issue (Passport)  2.4 Date of Expiry (Passport)
D D M M Y Y Y Y D D D M M Y Y Y Y
2.5 When did you last enter the State?
D D M M Y Y Y
2.6 Have you visited the State before? ( ✓ )
Yes No If yes, please provide details in the space provided at the bottom of this page
<b>2.7</b> Are you from an Entry Visa Required Country? ( ✓ )
Yes No If yes, please provide details in the space provided at the bottom of this page Visa Reference Number I R L
2.8 Did you avail of the <u>Visa Waiver Programme with the United Kingdom</u> ? ( ✓ )
Yes No If yes, please provide details in the space provided at the bottom of this page
<b>2.9</b> If you have a GNIB ID and/or a Department of Justice Personal Identification Number, please provide these below:
GNIB ID  Personal Identification Number  -
Additional Details for Questions 2.6, 2.7 & 2.8

# Section 3 Request for Extension of Visitor Permission

<b>3.1</b> Outline in detail why you require a short extension to your visitor permission These should be the exceptional circumstances which could not have been avoided and which have occurred since you arrived in the State.
<b>3.2</b> Outline in detail the Financial resources available to you to cover the cost of this short extension to your visitor permission.
Supporting documents should be provided to show that you have sufficient resources.
3.3 Do you have Travel Insurance (which covers medical) (✓)
Yes No If yes, please attach details with your supporting documents
3.4 New Expected Departure Date
A maximum of 90 Days extra can be requested
<b>3.5</b> Please provide any other information that you consider relevant to the application. If you are unable to provide any of the information or details requested in this form please explain why.

# Section 4 Personal Details of Sponsor or the Person You Are Visiting in the State if Applicable

In this section you will need to provide some personal details about your sponsor/who you are visiting in the State.

If you are not visiting anyone you may leave this section blank.

4.1	Surn	ame	(s) o	f Sp	onsc	or (as	sho	own i	n pa	sspo	ort)												
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4.2	Fore	nam	e(s)	of S	pons	or (a	as sh	nown	in p	assp	ort)												
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4.3	Date	of B	Birth (	of Sp	oons	or																	
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4.4	Natio	onalit	ty/Ci	tizen	ship	of S	pon	sor															
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4.5	Phor	ne Ni	umb	er																			
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4.7	Appli	icant	's R	elatio	onsh	ip to	Spo	nsor															
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## Section 5 Document Checklist

Please provide the following documentation as specified. Decision letters will issue to you by registered post. Please note that ISD may request further information and documentation when processing the application.

Failure to attach the documents requested below will result in your application form being deemed incomplete and returned.

Document Description	Tick as submitted
Applicant Documentation	( )
Copy of bio-metric page of applicant's current passport, i.e. the passport used to enter the State to	
Copy of applicant's <b>entry stamp</b> into the State	
Detailed Medical Reports (if requested on medical grounds) clearly stating that applicant is unfit for travel	
Evidence of medical insurance (travel insurance to cover period of extension will suffice)	
Evidence of funds available to support yourself while in the State	

Contact Details	
Contact address in the State	
Contact phone number in the State	
Contact e-mail	
Sponsors contact address, telephone number and e-mail	