



**Application for Registration in the  
Central Register of Foreign  
Nationals\_EU Citizen Residency  
(Royal Decree 240/2007)**

Spaces for registration  
stamps

**THIS IS NOT AN APPLICATION FORM**

**ITS PURPOSE IS TO FACILITATE FILLING THE OFFICIAL FORM.**

**TO APPLY FOR ANY OF THESE PERMITS YOU MUST USE THE OFFICIAL SPANISH VERSION FORM.**

**1) APPLICANT'S DETAILS**

Foreigner's ID No. \_\_\_\_\_ Passport  National ID Card  \_\_\_\_\_ (1)

1<sup>st</sup> Surname \_\_\_\_\_ 2<sup>nd</sup> Surname \_\_\_\_\_

Name \_\_\_\_\_ Sex (2) M  F

Date of Birth (3) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place \_\_\_\_\_ Country \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Nationality \_\_\_\_\_ Marital status (4) S  M  W  D  Sp

Address in Spain \_\_\_\_\_ No. \_\_\_\_\_ Flat \_\_\_\_\_

Town \_\_\_\_\_ Postal Code \_\_\_\_\_ Province \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Legal representative, if applicable. Mr/Ms \_\_\_\_\_ Passport \_\_\_\_\_ National/Foreigners' ID \_\_\_\_\_ Capacity (5) \_\_\_\_\_

**2) DETAILS OF THE PERSON SUBMITTING THE APPLICATION (6)**

Name/Company name \_\_\_\_\_ Passport \_\_\_\_\_ National/Foreigners' ID \_\_\_\_\_

Address in Spain \_\_\_\_\_ No. \_\_\_\_\_ Flat \_\_\_\_\_

Town/City \_\_\_\_\_ Postal Code \_\_\_\_\_ Province \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Legal representative, if applicable. Mr/Ms \_\_\_\_\_ Passport \_\_\_\_\_ National/ Foreigner's ID \_\_\_\_\_ Capacity (5) \_\_\_\_\_

**3) ADDRESS FOR NOTIFICATION PURPOSES**

Name/Company name \_\_\_\_\_ Passport \_\_\_\_\_ National/ Foreigner's ID \_\_\_\_\_

Address in Spain \_\_\_\_\_ No. \_\_\_\_\_ Flat \_\_\_\_\_

Town/City \_\_\_\_\_ Postal Code \_\_\_\_\_ Province \_\_\_\_\_

Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

I request/give my consent that communications and notifications be made by electronic means (7)

**4) STATUS IN SPAIN (8)**

**Envisaged period of residence in Spain** .....

**Start date of residence in Spain (8)** ..... / ..... / .....

No. of family members who are accompanying or joining the applicant in Spain .....

**TEMPORARY RESIDENCE**

- Employed person
- Self-employed person
- Inactive person with sufficient resources and health insurance
- Student with sufficient resources and health insurance
- EU/EEA/Swiss National, family member of another nationality included in the previous sections
  - National ID/ Foreigner's ID/Passport of the entitled EU/EEA/Swiss citizen
  - Relationship with the entitled EU/EEA/Swiss National

**CHANGE**

- Of personal details
- Of address
- Of ID Card/Passport
- Other.....(specify)

**REDUNDANCY**

- Specify the reason .....

**PERMANENT RESIDENCE**

- Continuous residence in Spain for 5 years
- Worker at retirement age with pension entitlements, who has worked in Spain for 12 months and resided in the country for 3 years
- Worker at retirement age with pension entitlements, who has worked in Spain for 12 months and has a Spanish spouse/partner
- Worker at retirement age with pension entitlements, who has worked in Spain for 12 months and whose spouse/partner lost Spanish nationality due to marriage/registration
- Worker in early retirement, who has worked in Spain for 12 months and resided in the country for 3 years
- Worker in early retirement, who has worked in Spain for 12 months, and whose spouse/partner is Spanish
- Worker in early retirement, who has worked in Spain for 12 months and whose spouse/partner lost Spanish nationality due to marriage/registration
- Worker with a permanent disability having resided in Spain for more than 2 continuous years
- Worker with a permanent disability as a result of an occupational accident or illness
- Worker with a permanent disability who has a Spanish spouse/partner
- Worker with a permanent disability and whose spouse/partner lost Spanish nationality due to marriage/registration
- Worker who after 3 consecutive years of working and residing in Spain performs their role in another Member State while maintaining residence in Spain
- Other.....(Specify)

The undersigned declare, responsibly, that they have health insurance that provides coverage in Spain for their period of residence, which is equivalent to that which is provided by the National Health System.

The undersigned are responsible for the truthfulness of the information provided and of the supporting documentation. Likewise, [they] authorize the verification of the information provided and to that effect, to request information from the competent authorities.

**ADDRESSED TO..... PROVINCE..... EX - 18**



....., on ..... of .....

SIGNATURE OF THE EU CITIZEN (family member of the applicant)

SIGNATURE OF THE APPLICANT (or legal representative, if applicable)

### INSTRUCTIONS FOR COMPLETION

**PLEASE FILL OUT THIS FORM IN BLOCK CAPITAL LETTERS USING A BLACK BALL-POINT PEN OR TYPE.  
RETURN ORIGINAL AND COPY OF THIS FORM**

- (1) Tick the appropriate box. **Passport/ Tax ID Number**
- (2) Tick the appropriate box. **Male / Female**
- (3) Fill in using 2 digits for the day, 2 for the month and 4 for the year in the following order (dd/mm/yyyy)
- (4) Tick the appropriate box. **Single / Married / Widow(er) / Divorced / Separated**
- (5) Indicate in which capacity he/she is the legal representative, for example, Father/Mother of the minor, Guardian.....
- (6) Fill in only in the case of a person other than the applicant
- (7) Under Law 11/2007 and the Fourth Additional Provision of Royal Decree 557/2011, legal persons and groups of natural persons who, due to their economic or technical capability, professional dedication or other justified grounds, are guaranteed access to and availability of the necessary technological media, are obligated to receive notifications via this medium.
- (8) Tick the appropriate box

**Specific information on the formalities to be completed and documentation that must accompany this application form for each of the procedures referred to herein (FACTSHEETS), is available on any of the following websites:**

<http://extranjeros.empleo.gob.es/es/> **Information on formalities and procedures - Factsheets**

<http://extranjeros.empleo.gob.es/es/InformacionInteres/InformacionProcedimientos/>

In accordance with Art. 5.1 of Organic Law 15/1999, it is informed that the information provided by the interested parties that is necessary to decide on their request, shall be incorporated into a file addressed to the General State Administration bodies in charge of immigration, being responsible for same the Directorate-General of Migration, the Directorate-General of Police and Government Delegations or Sub-delegations. The interested party may exercise his/her right of access, rectification, cancellation and opposition to the aforementioned bodies.

The official forms may be reproduced using any print media.  
They will be available from the Units in charge of their management and on the information web page of the Ministry of Employment and Social Security  
<http://extranjeros.empleo.gob.es/es/>

**THIS APPLICATION FORM IS FREE OF CHARGE. ITS SALE IS PROHIBITED.**