DGEF/DIMM/DA		sport ograph
	Application form for a provisional residence permit under temporary protection	

All requested information must be completed

An requested information most be completed					
Your personal information					
Your personal information					
☐ Male ☐ Female					
LAST NAME : FIRST NAME :					
GIVEN NAME:					
DATE OF BIRTH : / /	PLACE OF BIRTH:				
PLACE OF RESIDENCE IN UKRAINE :					
NATIONALITY:					
Your contac	<u>t information</u>				
ADDRESS:					
E-MAIL ADDRESS :					
TEL. No.:					
<u>Your arriva</u>	<u>al in France</u>				
PASSPORT No. OR TRAVEL DOCUMENT :					
OR, FAILING THAT, AN IDENTITY CARD (ex. INTE	RNAL PASSPORT):				
ISSUING AUTHORITY:					
VALID FROM// TO// DATE OF ENTRY IN FRANCE ://					
Have you ever been granted a residence document	in France 2 Vec No				
If so, please indicate your foreign number (10 digit r					
, p (2.8					
<u>Your fami</u>	<u>ly situation</u>				
☐ Single ☐ Married ☐ Shouse ☐	☐ Widowed ☐ Divorced/separated				
ingle in Harried in Spoose in	Widowed in Divorced/separated				
LAST NAME OF THE SPOUSE : FIRST NAME OF THE SPOUSE :					
DATE OF BIRTH OF THE SPOUSE: PLACE OF BIRTH OF THE SPOUSE:					
NATIONALITY OF THE SPOUSE :	ADDRESS OF RESIDENCE OF THE SPOUSE IN UKRAINE:				
CURRENT ADDRESS OF RESIDENCE OF THE					
SPOUSE (IF DIFFERENT):					
DATE OF MARRIAGE:					
DATE OF DEATH OF THE SPOUSE : DATE OF COMMENCEMENT OF THE					
COHABITATION:					
Has your spouse already been granted a residence o	document in France ? Yes No				

If so, please indicate his/her foreign number (10 digit number): _____

MINISTÈRE
DE L'INTÉRIEUR

Liberté
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Fraiernité



Your children

LAST NAME	FIRST NAME	NATIONALITY	Date of birth	SEX	Presence in France (yes/no)	Passport number or identity document (if applicable and if present in France)

Other members of your family in France

LAST NAME	FIRST NAME	FAMILY RELATIONSHIP	NATIONALITY	Date of birth	SEX	Date of entry in France

Your family in the European Union

Do you have family members currently in other European Union member states or associated states (Iceland, Lichtenstein, Norway, Switzerland)? If so, can you fill in the table below?

LAST NAME	FIRST NAME	FAMILY RELATIONSHIP	NATIONALITY	Date of birth	SEX	Host country	Beneficiary of temporary protection (YES/NO)

Your work status

Occupation : Are you currently employed in France ? \square Yes \square N	0
If so:	
NAME OF THE CURRENT EMPLOYER:	
ADDRESS OF THE CURRENT EMPLOYER:	
Has your employer requested a work permit from labour service ») ?□ Yes □ No	the « main d'œuvre étrangère » service (« foreign



Your eligibility for temporary protection

Please tick the box that desribes your situation :
 □ 1. You are a Ukrainian citizen and you were residing in Ukraine before 24 February 2022; □ 2. You are not a Ukrainian national and you benefit from international protection or equivalent national protection in Ukraine; □ 3. You are a family member of a Ukrainian national referred to in points 1 or 2; □ 4. You are not a Ukrainian national and you hold a valid permanent residence permit issued in accordance with Ukranian law.
I, the undersigned, certify that the information in this form is complete and accurate in relation to my personal situation.
Signed in XXX, on XXX Signature of the applicant
For official use
Additional information:
Is the applicant unfavourably known in police files ? \square Yes \square No
Are the applicant or his/her minor children in a vulnerable situation or do they appear to be ? \square Yes \square No
If so, please describe :
Decision:
The benefit of temporary protection is granted to the applicant and his/her minor children : $ \square \ \text{Yes} \square \text{No} $
Comments:

