



PRÉFET DE L'ALLIER

*Liberté
Égalité
Fraternité*

Direction de la Citoyenneté et de la Légalité
Bureau de la Nationalité et des Étrangers

Application form for a provisional residence permit under temporary protection

Your personal information

Male Female

| | |
|---------------------------|-----------------|
| LAST NAME: | FIRST NAME: |
| GIVE NAME: | |
| DATE OF BIRTH: __/__/---- | PLACE OF BIRTH: |
| NATIONALITY: | |

Your contact information

| |
|------------------|
| ADDRESS: |
| EMAIL ADDRESS: |
| TEL. No. : _____ |

Your arrival in France

DATE OF ENTRY IN FRANCE : __/__/----

Have you ever been granted a residence document in France ? Yes No
If so, please indicate your foreign number (10 digit number) : _____

Your family situation

Single Married Spouse Widowed Divorced/Separated

| | |
|---------------------------------------------|---------------------------|
| LAST NAME OF THE SPOUSE: | FIRST NAME OF THE SPOUSE: |
| DATE OF BIRTH: | PLACE OF BIRTH: |
| NATIONALITY: | |
| CURRENT ADDRESS OF RESIDENCE OF THE SPOUSE: | |

Has your spouse already been granted a residence document in France ? Yes No

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



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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) |
|-----------|------------|-------------|---------------|-----|-----------------------------|-------------------------------------------------------------------------------|
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Other members of your family in France

| LAST NAME | FIRST NAME | FAMILY RELATIONSHIP | NATIONALITY | Date of birth | SEX | Date of entry in France |
|-----------|------------|---------------------|-------------|---------------|-----|-------------------------|
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Your family in European Union

Avez-vous des membres de votre famille actuellement dans d'autres États membres de l'Union européenne ou dans des États associés (Islande, Lichtenstein, Norvège, Suisse) ? Si oui, pouvez-vous remplir le tableau ci-dessous ?

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

Occupation:

Are you currently employed in France ? Yes No

If so:

| | |
|----------------------------------|--|
| NAME OF THE CURRENT EMPLOYER: | |
| ADDRESS OF THE CURRENT EMPLOYER: | |

Has your employer requested a work permit from the « main d'œuvre étrangère » service (« foreign labour service ») ? Yes No

I, the undersigned, certify that the information in this form is complete and accurate in relation to my personal situation.

Signed in Moulins , on

Signature