Application form for a provisional residence permit under temporary protection to be send to pref-asileomaine-et-loire.gouv.fr to have an appointment in the prefecture

All requested information must be completed

Your personal information

☐ Male ☐ Female	
LAST NAME:	FIRST NAME :
GIVEN NAME:	
DATE OF BIRTH : / /	PLACE OF BIRTH:
PLACE OF RESIDENCE IN UKRAINE :	
NATIONALITY:	
<u>Your co</u>	ontact information
ADDRESS:	
E-MAIL ADDRESS :	
TEL. No. :	
OR, FAILING THAT, AN IDENTITY CARD (ex. ISSUING AUTHORITY: VALID FROM/_/TO/TO// DATE OF ENTRY IN FRANCE:/_/ Have you ever been granted a residence document.	 -
f so, please indicate your foreign number (10	
	0 /
<u>Your</u>	family situation
☐ Single ☐ Married ☐ Spe	ouse \square Widowed \square 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 resid	ence document in France ? Yes No



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

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	lo
If so:	
NAME OF THE CURRENT EMPLOYER:	
ADDRESS OF THE CURRENT EMPLOYER:	
Has your employer requested a work permit from	n the « main d'œuvre étrangère » service (« foreign



Your eligibility for temporary protection

Please tick the box that desribes your situation :	
\square 1. You are a Ukrainian citizen and you were residing in Ukraine before 24 Fe \square 2. You are not a Ukrainian national and you benefit from international	
national protection in Ukraine; 3. You are a family member of a Ukrainian national referred to in points 1 o 4. You are not a Ukrainian national and you hold a valid permanent reaccordance with Ukranian law.	
I, the undersigned, certify that the info	ormation in this form is
Signed in XXX, on XXX	Signature of the applicant

