



MINISTERIO DEL INTERIOR

DIRECCIÓN GENERAL DE LA POLICIA

MOVILIDAD INTERNACIONAL (LEY 14/2013) STAY OR RESIDENCE CARD

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.

FOREIGNER IDENTITY CARD APPLICATION	
<input type="checkbox"/> INITIAL	<input type="checkbox"/> CHANGE OF STATUS
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> DUPLICATE FOLLOWING THEFT, LOSS, DESTRUCTION OR DEFACEMENT
STATUS IN SPAIN	
<input type="checkbox"/> INVESTOR <input type="checkbox"/> ENTREPRENEUR <input type="checkbox"/> HIGHLY SKILLED PROFESSIONAL <input type="checkbox"/> TEACHING, TRAINING OR RESEARCH <input type="checkbox"/> TRANSNATIONAL SECONDMENT WORKER	<input type="checkbox"/> RELATIVE OF INVESTOR <input type="checkbox"/> RELATIVE OF ENTREPRENEUR <input type="checkbox"/> RELATIVE OF HIGHLY SKILLED PROFESSIONAL <input type="checkbox"/> RELATIVE OF FOREIGNER IN TEACHING, TRAINING OR RESEARCH <input type="checkbox"/> RELATIVE OF TRANSNATIONAL SECONDMENT WORKER
PERSONAL DETAILS	
PASSPORT _____	N.I.E _____ - _____ - _____
Surname 1 _____	Surname 2 _____
Given Name _____	Gender ⁽¹⁾ M <input type="checkbox"/> F <input type="checkbox"/> Marital Status ⁽²⁾ S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> Sp <input type="checkbox"/>
Date of birth ⁽³⁾ ____/____/____	Countr y _____ Nationality _____
Father's name _____	Mother's name _____
Address in Spain _____	Nº _____ Floor _____
City/Town _____	Postco de. _____ Province _____
Phone _____	Mobile phone _____ E-mail _____
DETAILS OF LEGAL REPRESENTATIVE SUBMITTING THE APPLICATION ⁽⁴⁾	
Name/Company Name _____	DNI/NIE/PAS _____
Address _____	Nº _____ Floor _____
City/Town _____	Pos tcod. _____ Province _____
Phone _____	Mobile phone _____ E-mail _____
Legal representative, where applicable _____	DNI/NIE/PAS _____ Representative's Position/Job title ⁽⁵⁾ _____
NOTIFICATION ADDRESS	
Name/Company Name _____	DNI/NIE/PAS _____
Address in Spain _____	Nº _____ Floor _____
City/ Tow _____	C.P. _____ Province _____
Phone _____	Mobile _____ E-mail _____

I REQUEST/ACCEPT electronic communications and notifications (6).

I ACCEPT that any other data required to process this application may be examined if necessary.

....., on the..... of
SIGNATURE OF APPLICANT

Register stamp

DIRIGIDO A: COMISARÍA GENERAL DE EXTRANJERÍA Y FRONTERAS / OFICINA DE EXTRANJERÍA / BRIGADA DE EXTRANJERÍA
(7) DE (8)

INSTRUCTIONS FOR COMPLETION

**COMPLETE IN BLACK BALLPOINT PEN AND IN CAPITALS, OR TYPE.
THE ORIGINAL AND A COPY OF THIS FORM SHOULD BE PRESENTED**

- (1) Mark the applicable box: Male/Female
- (2) Mark the applicable box: Single/Married/Widowed/Divorced/Separated
- (3) Complete using 2 digits for the day, 2 for the month and 4 for the year, in this order (dd/mm/yyyy)
- (4) Complete only if this application is presented by other than the applicant
- (5) Indicate the representative's position at the company, for example: Sole Director, Managing Director...
- (6) Notifications will be performed by logging on the corresponding website, in accordance with the terms of Royal Decree 1671/2009. The electronics documents containing communications, requests for additional documents and/or the terms of the decision about this application will be available at the site <https://sede.administracionespublicas.gob.es/>. It will only be accessible by the applicant or the person whose data are indicated in the section "address for notification". In order to access the contents of the document it is essential to hold an electronic certificate associated with the National ID Document or Foreigner Identification Number recorded in the section "address for notification". It is advisable to complete the fields "mobile phone" or "e-mail" as they will allow to send an alert (strictly for your information) when there is a notification pending.
- (7) As applicable
- (8) Province/town where you intend to submit the application according to your place of residence

Pursuant to Article 5.1 of Organic Act 15/1999, you are hereby informed that the data provided by the parties concerned as required in order to rule on your application will be incorporated in a filing system, the recipients being bodies of the General State Administration with competence for foreign citizen affairs, the controllers thereof being the Directorate-General for Migration, the Directorate-General for Police and the Government Delegations or Sub-delegations. The parties concerned may exercise their right of access, correction, cancellation and objection before the aforementioned bodies.

Official forms may be reproduced by printing.
They will be made available, in addition to at those Units responsible for the processing thereof, on the online information page of the Ministry of Employment and Social Security <http://extranjeros.empleo.gob.es/es/>

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