



**MODEL III**  
**APPLICATION REQUESTING AN EXTENSION ON THE VALIDITY OF THE TEMPORARY RESIDENCE PERMIT**

Exempt from duty in virtue 7, paragraph of the 'National Ordinance on Admission and Expulsion'

**WHY THIS FORM?**

**Model III**

With this form you can submit a request to extend the validity of the temporary residence permit. This form should only be used if no changes have been made to the purpose of stay, the conditions or the restrictions which apply to the temporary residence permit.

| 1. PERSONAL DATA OF THE APPLICANT (FOREIGNER) |  | COMPLETE IN PRINT                  |                            |
|-----------------------------------------------|--|------------------------------------|----------------------------|
| Surname :                                     |  | Gender: <input type="checkbox"/> M | <input type="checkbox"/> F |
| Given names :                                 |  |                                    |                            |
| Date of Birth :                               |  | Place of Birth:                    |                            |
| Country of Birth :                            |  |                                    |                            |
| Nationality :                                 |  |                                    |                            |
| Current address :                             |  |                                    |                            |
| Telephone number :                            |  |                                    |                            |
| Email address (1) :                           |  |                                    |                            |
| Email address (2) :                           |  |                                    |                            |
| Passport number :                             |  |                                    |                            |
| Place of issue :                              |  |                                    |                            |
| Date of issue :                               |  | Valid until :                      |                            |

|                                 |  |
|---------------------------------|--|
| Type of Permit :                |  |
| Permit number :                 |  |
| Expiration date permit :        |  |
| Medical Insurance valid until : |  |

| 2. DATA OF YOUR SPOUSE /PARTNER         |  | COMPLETE IN PRINT |  |
|-----------------------------------------|--|-------------------|--|
| <input type="checkbox"/> not applicable |  |                   |  |
| Name :                                  |  |                   |  |
| Given names :                           |  |                   |  |
| Date of Birth :                         |  |                   |  |
| Place of Birth :                        |  |                   |  |
| Nationality :                           |  |                   |  |
| Date of Marriage :                      |  |                   |  |



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| <b>3. DATA OF CHILDREN</b>                                              |                | <b>COMPLETE IN PRINT</b> |              |
|-------------------------------------------------------------------------|----------------|--------------------------|--------------|
| <input type="checkbox"/> not applicable                                 |                |                          |              |
| <i>Minor children and or/ studying children of the age of majority:</i> |                |                          |              |
| Name:                                                                   | Date of Birth: | Place of Birth:          | Nationality: |
| 1.                                                                      |                |                          |              |
| 2.                                                                      |                |                          |              |
| 3.                                                                      |                |                          |              |
| 4.                                                                      |                |                          |              |
| <i>Children 18 years or older and studying in Sint Maarten:</i>         |                |                          |              |
| 5.                                                                      |                |                          |              |
| 6.                                                                      |                |                          |              |
| 7.                                                                      |                |                          |              |
| 8.                                                                      |                |                          |              |

| <b>4. DATA REGARDING EMPLOYMENT:</b>    |   | <b>COMPLETE IN PRINT</b>                                                                                                                      |  |
|-----------------------------------------|---|-----------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> not applicable |   |                                                                                                                                               |  |
| Occupation                              | : |                                                                                                                                               |  |
| Name of Employer                        | : |                                                                                                                                               |  |
| Salary Naf.                             | : | <input type="checkbox"/> per week <input type="checkbox"/> per fortnight <input type="checkbox"/> per month <input type="checkbox"/> per year |  |
| Address Employer                        | : |                                                                                                                                               |  |
| Country                                 | : |                                                                                                                                               |  |
| Telephone number                        | : |                                                                                                                                               |  |
| Email address employer                  | : |                                                                                                                                               |  |



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| <b>5. DATA OF GUARANTOR –IF APPLICABLE</b>                                                                                            |  | <b>COMPLETE IN PRINT</b> |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|-------------------------------------------------------|
| <b>The guarantor is the person who accepts responsibility for your stay.<br/>(complete this section if the guarantor is a person)</b> |  |                          |                                                       |
| Surname :                                                                                                                             |  | Gender:                  | <input type="checkbox"/> M <input type="checkbox"/> F |
| Given names :                                                                                                                         |  |                          |                                                       |
| Date of Birth :                                                                                                                       |  | Place of Birth :         |                                                       |
| Country of Birth :                                                                                                                    |  |                          |                                                       |
| Nationality :                                                                                                                         |  |                          |                                                       |
| Civil Status :                                                                                                                        |  |                          |                                                       |
| Address :                                                                                                                             |  |                          |                                                       |
| Country :                                                                                                                             |  |                          |                                                       |
| Telephone number :                                                                                                                    |  | Fax: :                   |                                                       |
| E-mail :                                                                                                                              |  | CRIB No. :               |                                                       |
| <b>(complete this section if the guarantor is an organization or a company)</b>                                                       |  |                          |                                                       |
| Name organization/<br>Company :                                                                                                       |  |                          |                                                       |
| Address :                                                                                                                             |  |                          |                                                       |
| Country :                                                                                                                             |  |                          |                                                       |
| Telephone number :                                                                                                                    |  | Fax :                    |                                                       |
| Email address :                                                                                                                       |  |                          |                                                       |
| Chamber of<br>Commerce number :                                                                                                       |  |                          |                                                       |
| Legally authorized<br>contact person :                                                                                                |  |                          |                                                       |

| <b>6. PLEASE MOTIVATE YOUR REQUEST (APPLICATION) IF YOU SO CHOOSE</b> |
|-----------------------------------------------------------------------|
|                                                                       |



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**8. AUTHORIZATION STATEMENT**

I hereby declare that:

- I have never been convicted of any indictable offence requiring a prison sentence or have had any freedom restricting measures to be imposed to this point;
- With respect to being convicted of any indictable offence, a condemnation has never been to the point pronounced to performing unpaid work in general or task sentence
- With respect to being convicted of any indictable offence, an unconditional financial fine has never been up to this point imposed
- With respect to bribes; I have never accepted any bribes of any form or nature, to the point of some indictable offence
- I am currently not involved in any criminal activities resulting in being labeled as fugitive.

Due to the following reasons I am unable to fully declare that all of the data presented is legally acceptable:

I have truthfully completed this form. I have not submitted any forged documents. I know that if this statement is not founded on the truth, it will constitute a punishable act, which may have legal consequences with regard to the request for a temporary residence permit.

Date:

At:

Signature\* applicant:

**\* This form should be completed and signed by applicant. If applicant is younger than 12 years, than form should be signed by guarantors.**