DGEF/DIMM/DA		Passport photograph
	ovisional residence permit	
5.145. 45pc.	ary procession	l

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:				
Your contact	ct information			
ADDRESS:				
E-MAIL ADDRESS :				
TEL. No. :				
PASSPORT No. OR TRAVEL DOCUMENT: OR, FAILING THAT, AN IDENTITY CARD (ex. INTEL ISSUING AUTHORITY: VALID FROM/_/TO/ DATE OF ENTRY IN FRANCE:// Have you ever been granted a residence documen If so, please indicate your foreign number (10 digit	t in France ? ☐ Yes ☐ No			
•	nily situation ☐ Widowed ☐ Divorced/separated			
LAST NAME OF THE SPOUSE: FIRST NAME OF THE SPOUSE:				
DATE OF BIRTH OF THE SPOUSE : NATIONALITY OF THE SPOUSE :	PLACE OF BIRTH OF THE SPOUSE : ADDRESS OF RESIDENCE OF THE SPOUSE IN			
TATIONALITI OF THE SPOUSE.	UKRAINE:			
	CURRENT ADDRESS OF RESIDENCE OF THE SPOUSE (IF DIFFERENT):			
DATE OF MARRIAGE :				
DATE OF COMMENCEMENT OF THE				
DATE OF COMMENCEMENT OF THE COHABITATION:				

Has your spouse already been granted a residence 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	No
If so:	
NAME OF THE CURRENT EMPLOYER:	
ADDRESS OF THE CURRENT EMPLOYER:	
Has your employer requested a work permit fro	m the « main d'œuvre étrangère » service (« foreign
labour service ») ? \square Yes \square No	



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:

