### Population Administration

**Application for the extension of permit of residence/change of visa category**

Please mark "X" in the appropriate square:

- □ Application to extend present permit of residence for the period ______ months
- □ Application to change visa category to: __________________________

**Instructions for completing Application form:**

1. Please attach a recent photograph.
2. Please fill in following details in Hebrew and English.

### Application to change visa category to:

- □ Work
- □ Study
- □ Medical
- □ Temporary (Work Permit)
- □ Temporary (Visa)
- □ Family Reunion
- □ Transiting
- □ Other

**Reasons for application and means of support**

- Please mark "X" in the appropriate square:
  - □ Application to extend present permit of residence for the period ________ months
  - □ Application to change visa category to: __________________________

### Next steps, if applicable:

- [ ] Work
- [ ] Study
- [ ] Medical
- [ ] Temporary (Work Permit)
- [ ] Temporary (Visa)
- [ ] Family Reunion
- [ ] Transiting
- [ ] Other

### Previous stays in Israel as temporary or permanent resident or any other status:

- □ Temporary (dates): __________________________
- □ Permanent (dates): __________________________
- □ Any other status: __________________________

**Was your status in Israel ever been cancelled? And why?** __________________________

**Reasons for application and means of support**

<table>
<thead>
<tr>
<th>Previous stays in Israel as temporary or permanent resident or any other status</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Temporary (dates): __________________________</td>
</tr>
<tr>
<td>□ Permanent (dates): __________________________</td>
</tr>
<tr>
<td>□ Any other status: __________________________</td>
</tr>
</tbody>
</table>

* The form continues on the back of the page
### Establishment or institution where applicant is employed or will be employed

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
</table>

### Particulars of dependants included in the application

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Place of birth</th>
<th>Father’s name</th>
<th>Maiden name</th>
<th>Given name</th>
<th>Family name</th>
</tr>
</thead>
</table>

### Children under the age of 18

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Country of birth</th>
<th>Given name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Particulars of wife or husband in the event that spouse is not included in the application

<table>
<thead>
<tr>
<th>File No.</th>
<th>Identity No.</th>
<th>Status (present in Israel)</th>
<th>Name</th>
<th>Family name</th>
</tr>
</thead>
</table>

### Declaration

I declare that the particulars contained in this application are correct and have been made in awareness of the fact that they are to serve as basis for the consideration of my application. I also declare that I have not committed any criminal offence or any act directed against the Jewish people or the security of the State of Israel and that I am not affected with any illness which might endanger the public health. There is no judicial warrant of arrest against me and I am not wanted by the police of any country.

Signature: __________________________ Date: __________________________ Place: __________________________

### For official use only

לטshaw המ cdr

בתוקף ונכון במקומם:

<table>
<thead>
<tr>
<th>שם הפיקוד/ה המוכלל/ית</th>
<th>תחתית הפיקוד/ה המוכלל/ית</th>
<th>בירור</th>
</tr>
</thead>
</table>

| נברא בברית | לא נברא בברית | זכאות בברית | זכאות לא בברית |

| הוראה על סירוב שלכיה/לקבוצת/ל membr עם מטרה ליתק |

| תאריך: | שם הפיקוד/ה: |

| כבל神奇 | תאריך: |

| לוחות הירש

 they are to serve as basis for

I also declare that I have not committed any criminal offence or any act directed against the Jewish people or the security of the State of Israel and that I am not affected with any illness which might endanger the public health. There is no judicial warrant of arrest against me and I am not wanted by the police of any country.

Signature: __________________________ Date: __________________________ Place: __________________________