EMBAIXADA DE PORTUGAL

ABU DHABI

PORTUGAL CHECKLIST RESIDENCY VISA (D TYPE)

D1 - Subordinate Work Activity

Name and surname of the applicant:		
Email Address:		
Direct Phone Contact:		
Reese for Travel to Portugal:		
GENERAL REQUIREMENTS FOR ALL APPLICANTS CONCERNING THIS TYPE OF VISA		
	YES	**NO**
National Application Form (completed in full and signed by the applicant. Handwritten forms are not accepted) **2 Photos** (1 pasted in application form)	☐ ☐	☐ ☐
Passport or other travel document valid after the expected date of return	☐	☐
Travel Medical Insurance valid to cover the expense necessary for medical reasons, including urgent medical care and possible repatriation in case of death.	☐	☐
Certificate of Criminal Record issued by the competent authority of the country of nationality of the applicant or the country of residence for more than one year. Police clearance is MANDATORY to be authenticated and stamped by IRAQ MoFA.	☐	☐
A request for consultation of the Portuguese criminal registry for the SEF	☐	☐
To determine **means of subsistence**, means obtained through a work contract or work contract promise should be taken into consideration Proof of means of subsistence can be produced through a statement of responsibility issued by the workers hosting entity.	☐	☐
Work contract, work promise	☐	☐
Proof issued by an official or officially recognized health establishment, ensuring hospitalization or outpatient treatment.	☐	☐
Declaration issued by the Employment and Training Institute (IEFP)	☐	☐
Professional certificate, when such profession is regulated in Portugal	☐	☐

Note

•Failure to submit all the necessary documents may lead to the rejection of the visa application.

•The Consular Post reserves the right to request documents other than those mentioned above whenever it deems convenient.

•Even if all the documents necessary for the process are presented, it doesn't imply the automatic granting of the visa. Refusal of the visa application shall not entitle to reimbursement of the visa fee.

Remarks

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Applicant's Signature:_____ **Date:**_____ **Submission Officer:**_____