



REGERINGSKANSLIET

## Notification of Arrival to the Protocol Department

Newly arrived members of Diplomatic Missions, Consular Posts, International Organisations, their families and private servants (other than persons resident in Sweden and not entitled to privileges and immunities)

Name of Mission: .....

Family name: .....

Given name(s): .....

Date and place of birth: .....

Nationality/ies: .....

Permanent resident in Sweden:  Yes  No

Marital status: ..... Title<sup>1</sup>: .....

Type of passport: ..... Expiry date: .....

Designation<sup>2</sup>: ..... Section: .....

Category<sup>3</sup>: .....

Start date of duty: ..... Estimated end date: .....

Date of arrival in Sweden: .....

Name and rank of predecessor: .....

Date of departure of predecessor: .....

Position in "The Stockholm Diplomatic List" after: .....

Direct telephone number/mobile: .....

For HoM, residence address: .....

Require identity number:  Yes  No

Add to list of staff who delivers and collects mail to/from MFA:  Yes *Please attach updated list (form available on the Diplomatic Portal).*

<sup>1</sup> Mr, Mrs, Dr, Colonel, etc.

<sup>2</sup> First Secr., Attaché, Clerk, Messenger, Driver, Cook, Gardener etc.

<sup>3</sup> *For Diplomatic Missions:* Head of Mission, Member of Diplomatic Staff, Member of Administrative and Technical Staff, Member of Service Staff, Member of the Private Staff. *For Consular Posts:* Head of Consular Post, Consular Officer, Consular Employee, Member of the Service Staff, Member of the Private Staff. *For International Organisations:* Head of International Organisation, Official.



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Family/household members<sup>4</sup>

**Family name:** .....

Given name(s): .....

Place and date of birth: ..... Relationship: .....

Nationality/ies: .....

Type of passport: ..... Expiry date: .....

**Family name:** .....

Given name(s): .....

Place and date of birth: ..... Relationship: .....

Nationality/ies: .....

Type of passport: ..... Expiry date: .....

**Family name:** .....

Given name(s): .....

Place and date of birth: ..... Relationship: .....

Nationality/ies: .....

Type of passport: ..... Expiry date: .....

**Family name:** .....

Given name(s): .....

Place and date of birth: ..... Relationship: .....

Nationality/ies: .....

Type of passport: ..... Expiry date: .....

**Date of arrival:** .....

**Require identity number(s):** [ ] Yes [ ] No

<sup>4</sup> In principle the following categories:

- Wife/husband or cohabitee
- Unmarried child of a member of a Mission, living with such a member, who is not engaged in paid employment on a permanent basis and is under the age of 21 or, in the case of a full-time student at a Swedish institution of higher education, under the age of 23.
- Private servant



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Any changes in this information should be reported without delay to the Protocol Department.

Please ensure that the following documentation is attached (incomplete applications will be returned):

- Verbal note
- 2 copies of the passport of each person
- 2 passport size photographs of each person

I declare that all information submitted is correct and complete.

.....  
Date

.....  
Signature

.....  
Signature of Head of Mission

Official Seal of the Mission