

THE PURPOSE OF THIS DOCUMENT IS TO TRANSLATE ONLY. PLEASE FILL IN ONLY LATVIAN VARIANT AND ONLY GREEN PLACES.

TO THE OFFICE OF CITIZENSHIP AND MIGRATION AFFAIRS OF
THE MINISTRY OF INTERNAL AFFAIRS OF THE REPUBLIC OF
LATVIA

Riga 1 Division
division

YOUR NAME, SURNAME
(name, surname)

YOUR PERSONAL CODE IN LATVIA
(personal code)

YOUR HOME ADDRESS IN LATVIA
(address)

YOUR PHONE NUMBER
(phone)

APPLICATION

This is to certify that I submit my documents for registering the Residence Permit and making the decision within **30/10/5 –choose one, according to the payment you made** days period.

Documents attached:

1. Invitation number
2. Passport copy;
3. Bank statement;
4. Rental agreement;

Payment of the state fee for the checking of documents has been made on
_____.
(date)

Please send the decision about Residence Permit registration to email:
asd_imigracija@rtu.lv, **+ YOUR E-MAIL**

I would like to receive a document certifying the right of residence (residence permit) in the Riga Division 1 of the Office of Citizenship and Migration Affairs.

(date)

(signature)