



# DIMAS

Paardenbaaistraat # 11, Oranjestad, Aruba  
Tel. (297)5221500 Fax. (297)5221505  
dimas@aruba.gov.aw - www.dimasaruba.com

DIMAS/01-12-2017

Stamp DIMAS  
and date  
submission

3 Color passport  
photos

## APPLICATION FORM

### A. PERMITS:

- Temporary residence       Temporary residence with employment       Residency

### B. TYPE OF APPLICATION:

- First application       New application       Modification       Duplicate

### C. PURPOSE OF STAY IN ARUBA:

#### Individual

- Paid employment  
 Domestic Employee  
 Family Reunification, Formation, Adoption or Acknowledgement  
 Family Reunification for Secondary Study  
 Temporary Independent / Special Bond with Aruba  
 Partner  
 Person of Independent means  
 Pensioner  
 Student  
 Intern  
 Indefinite Time  
 Other \_\_\_\_\_

#### Business

- Investor  
 Director  
 Athlete / Sports coach  
 Short project  
 International Event

#### Legal Declaration:

- Legal Declaration of Admission of Aliens Art.1  
 Legal Declaration of Admission of Aliens Art.3

#### Others

- Refugee  
 VTA

### D. PERSONAL DETAILS OF FOREIGNER (APPLICANT)

Last name:		
First names:	Sex:	<input type="checkbox"/> Man <input type="checkbox"/> Female <input type="checkbox"/> Other
Date of birth: dd - mm - yyyy	Place of birth:	
Country of birth:	1 <sup>st</sup> Nationality:	2 <sup>nd</sup> Nationality:
Passport number:	Valid till: dd - mm - yyyy	Country issued:
Identity card number:		
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting		
Number of children:		
Country(ies) of stay of last five (5) years: /		
Present address:		Residence:
Country of citizenship:		
Telephone number:		E-mail:
Function:		
Do you already have a CRV-number? 500-1- _____ <input type="checkbox"/> No      You will receive a CRV- number at submission of first application.		

### E. SIGNING BY APPLICANT

The undersigned declares to be familiar with the conditions of residence in Aruba and this form filled out truthfully. The undersigned is aware that if this statement is not based on truth, this has legal consequences, and if necessary will be reported.

Signature:

Place and date:

## F. PERSONAL DATA OF GUARANTOR

Below please fill in all the details of the guarantor. The guarantor is the person with whom the foreigner wishes to reside or the employer / the company / the educational institution / the foundation, applying residency for the foreigner. If the applicant would like to stay in Aruba to work or study, or for family reunification, formation, adoption or recognition, fill in the details of the company / foundation or the educational institution.

### Only to be filled out at paid employment or study:

Name company / foundation / educational institution:	
Chamber of Commerce number:	
Contact person:	Telephone number:
Authorized person:	

Last name:	Relation to applicant:				
First names:	Sex:	<input type="checkbox"/> Man	<input type="checkbox"/> Woman	<input type="checkbox"/> Other	
Date of birth: dd - mm - yyyy	Place of birth:				
Country of birth:	Nationality:				
Marital status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widow/er	<input type="checkbox"/> Divorced	<input type="checkbox"/> Cohabiting
Passport number:	Valid till: dd - mm - yyyy	Country issued:			
Address:	Residence:				
Country of citizenship:					
Telephone number:					
E-mail:					
Residence status:	<input type="checkbox"/> Not subject to admission permit	<input type="checkbox"/> Permit for temporary residence			
	<input type="checkbox"/> Rightfully admitted	<input type="checkbox"/> Permit for indefinite time			

## G. SIGNING BY THE GUARANTOR

The Government sometimes suffers costs for residency and departure of a foreigner. With a guarantee certificate a guarantor in Aruba will be made responsible for these costs. The guarantor needs to sign this guarantee certificate. In said guarantee certificate everything should be filled out at submission for a temporary permit on behalf of the foreigner by the future employer or by the spouse/parent/legal representative or (future) educational institute guaranteeing the foreigner's residency in Aruba.

The undersigned declares to warrant the costs incurred by the Country of Aruba and any other public organs resulting from the stay in Aruba of the foreigner during the complete period of the permitted stay. Furthermore, the undersigned declares to enjoy a gross income of minimum Awg. 50,000 per year and to be able to submit the necessary proof thereof. In case the undersigned is at the same time the employer of the foreigner, the undersigned declares to be aware of his responsibility to pay the required social premiums and the pertaining taxes. Additionally the undersigned declares that all costs incurred by the Country of Aruba and other public bodies, resulting from the stay of the alien, also including the traveling costs of the alien to a place outside Aruba where his/her admission is guaranteed, in case these costs may exceed the paid deposit (if applicable) that they may be recovered from guarantor. The undersigned will remain responsible for the foreigner's stay (1) up to the day upon which the permit obligation has been assumed by someone else to the satisfaction of the DIMAS or (2) the residence status of the foreigner has been modified and he/she will be no longer in need of a guarantor and (3) hereby grants permission to the DIMAS for periodic check of the foreigner residence address.

### Personal details of foreigner

Last name as in passport:	
First names:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Date of birth:	CRV-nr.: 500-1-
Address of foreigner residence in Aruba:	

### Personal details of guarantor / employer

Last name as in passport:	
First names:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Address:	CRV-nr.: 500-1-
Name of the company (if applicable):	
Name of person to contact (if applicable):	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Signature: \_\_\_\_\_

Place and Date: \_\_\_\_\_







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## LIST OF REQUIREMENTS

### GENERAL LIST FOR ALL PURPOSES OF STAY

#### A. REQUIRED WHEN FILING THE APPLICATION:

1. Printout proof of the APPOINTMENT (can be obtained by making an appointment on the DIMAS website).
2. Valid PASSPORT of the APPLICANT, clearly showing the personal data, signature and photograph.
3. If it concerns an extension or a modification of a permit, DIMAS requires a valid residence permit.
4. Valid PASSPORT of the SPONSOR OR EMPLOYER, clearly showing the personal data, signature and photograph.
5. 3 recent and identical color passport PHOTOGRAPHS of the applicant (standard size 35mm x 45mm).

#### B. FEES AND CHARGES

**PAYMENTS SHOULD BE MADE AT THE DEPARTMENT OF TAXES (DIMP)  
YOU MUST BRING THE DEPARTAMENTO DI IMPUESTO (DIMP) RECEIPT WITH STAMP AT ALL TIMES.**

1. First application: receipt DEPOSIT. The amount of the deposit depends on your nationality. See the list of requirements for your desired purpose of stay.
2. First application: receipt FEES AWG 65.-

3. First application:	<b>WITHOUT PERMISSION TO WORK</b>	Receipt CHARGES (AWG. 100,-)
	<b>WITH PERMISSION TO WORK</b>	Receipt CHARGES (AWG. 1200,-)

1. Extension/modification/duplicate: receipt FEES AWG 40.-

2. Extension/modification:	<b>WITHOUT PERMISSION TO WORK</b>	Receipt CHARGES (AWG. 100,-)
	<b>WITH PERMISSION TO WORK</b>	Receipt CHARGES ( AWG. 600,-)

#### C. VALIDITY

1. Receipts may not be older than one (1) year.
2. The letter of guarantee will be signed at the intake desk of DIMAS.
3. Passport still has to be valid for at least 3 months.
4. A copy of the valid residence permit of sponsor(s) is required.
5. 1<sup>st</sup> application should ALWAYS be awaited abroad.

#### D. AANBEVOLEN

1. In case of extension: Make an appointment at least 3 months before the expiration of your valid residence permit.
2. In case of extension/modification: The applicant has to appear in person at DIMAS (OBLIGATION TO APPEAR).
3. You are obligated to bring the original documents and a copy thereof to your appointment with DIMAS AT ALL TIMES.

#### E. MEDICAL EXAMINATION (INFLIGHT LETTER - PROVISIONAL ADMISSION TO ARUBA)

1. On arrival in Aruba, the applicant has to report to a general practitioner domiciled in Aruba for a medical examination.
2. The medical results, together with the medical certificate, should be submitted to the Department of Contagious Diseases, Avicenastraat # 1, tel.: 522-4200, within 30 days after arrival in Aruba.
3. If, together with an application with permission to work, the applicant also received a **certificate of no objection** from the Department of Contagious Diseases, the applicant can start working for his sponsor awaiting his permit. This does not apply to other types of permits.

P.T.O.

## GENERAL LIST FOR ALL PURPOSES OF STAY

### F. IF AUTHORIZED

1. The original authorization letter(s) (not older than 6 months)
2. Copy of valid identification of the agent (I.D.).
3. If a company acting as an agent, a copy of certificate of registration at CHAMBER OF COMMERCE ARUBA.
4. If human resources: authorization of Director in Aruba.
5. Copy of the Form A relating to knowledge AGENT at the Departamento di Impuesto (DIMP) stamp not older than 6 months.

## OVERVIEW FEES TO COMPLY WITH AT DEPARTAMENTO DI IMPUESTO (DIMP)

First application:	With permission to work	Without permission to work
<b>APPLICATION FEES</b>	AWG. 65,00	AWG. 65,00
<b>CHARGES</b>	AWG. 1200,00	AWG. 100,00
<b>DEPOSIT</b>	*	*
<b>Extension/modification/duplicate:</b>		
<b>APPLICATION FEES</b>	AWG. 40,00	AWG. 40,00
<b>Extension/modification:</b>		
<b>CHARGES</b>	AWG. 600,00	AWG. 100,00
<b>AOV/AWW</b>	AWG. 650,00	-
<b>AZV</b>	AWG. 350,00	-
<b>* Deposit for a national of the following countries amount to:</b>		
<b>Asia, Africa Australia or Oceania</b>	AWG. 4500,00	
<b>Another country in Europe</b>	AWG. 3000,00	
<b>A country in Middle- or south- America</b>	AWG. 1000,00	
<b>Canada</b>	AWG. 3000,00	
<b>Chili, Argentina, Paraguay, Brazil or Uruguay</b>	AWG. 2000,00	
<b>A country in the Caribbean</b>	AWG. 1000,00	



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## LIST OF REQUIREMENTS

### PAID EMPLOYMENT

#### A. FOR SUBMISSION OF APPLICATION

1. Only the modification and application of 4th and subsequent work permit: LABOUR AGREEMENT between employer and employee.
2. First application: JUDICIAL RECORDS (criminal records or certificate of good conduct) of the country of residency of the past 5 years, provided with legalization or an apostille (not older than 6 months).  
  
Certificates issued in one of the countries of the Kingdom of the Netherlands do not require legalization or an apostille. If the birth certificate has been drawn up in a language other than Dutch, English or Spanish, a translation of a sworn translator in Aruba has to be submitted. **Attention: insofar as the certificate of good conduct of Colombia is concerned, no apostille is required. If the ID number is not indicated in the passport, please attach a clear copy of the valid identity document (ID).**
3. CERTIFICATE OF NO OBJECTION issued by the Department of Labor Progress ("DPL") (not older than 6 months on the date of filing).  
  
In some cases, the admission of a foreign national does not have to be tested against the local labor market. For information, see (Admission Policy DPL Art. 2 Par. 2.2); for the categories that need not be tested, you can contact the DPL at tel.: 521-5555 or consult the website [www.dpl.aw](http://www.dpl.aw).
4. First application and modification: A FORM concerning Familiarity Company or sole proprietorship with the Department of Taxes (not older than 6 months with stamp Department of Taxes).
5. EMPLOYER'S STATEMENT, at least stating the position and duration of employment (not older than 6 months).
6. First application and modification: "SVB" [*Social Insurance Bank*] STATEMENT REGISTRATION EMPLOYER (not older than 6 months with stamp SVB).
7. Extension/modification: SVB STATEMENT REGISTRATION EMPLOYEE (not older than 6 months with stamp SVB).
8. First application, extension and modification: STATEMENT CHAMBER OF COMMERCE REGISTRATION COMPANY (not older than 6 months with stamp Chamber of Commerce).
9. If the company has become a legal entity (for instance, a sole proprietorship has changed into a corporation or vice versa), you must bring a new STATEMENT OF THE CHAMBER OF COMMERCE.
10. First application and modification: DIRECTOR'S LICENSE granted by the Minister of Economic Affairs (corporation or otherwise).
11. First application and modification: BUSINESS ESTABLISHMENT LICENSE granted by the Minister of Economic Affairs
12. ATTENTION: DIMAS may always ask for additional documentation for the assessment of your application.

# PROOF OF FILING PAID EMPLOYMENT

*Please fill out the following information*

## PERSONAL DATA APPLICANT

Last name:		
First name:		
Date of birth:		
CRV. Nr.:		
Email address:		Mobile / Tel number:

### Complete documents

The DIMAS official certifies that, on the date mentioned hereinafter, the application for a temporary residence permit with permission to work for the person concerned, together with the documents required, was received and accepted for processing.

\_\_\_\_\_  
Signature DIMAS official

\_\_\_\_\_  
Date

Stamp DIMAS  
and date Initialed  
by official

## PAYMENT ORDER FOR APPLICATION FEES TO BE PAID AT THE DEPARTAMENTO DI IMPUESTO (DIMP)

### TEMPORARY RESIDENCE PERMIT PAID EMPLOYMENT

	FIRST APPLICATION	EXTENSION/ MODIFICATION
<b>Application fees</b>	AWG. 65,00	AWG. 40,00
<b>Charges</b>	AWG. 1200,00	AWG. 600,00
<b>Deposit</b>	*	n/a
<b>Total due</b>		

**\* Deposit for a national of the following countries amount to:**

<b>Asia, Africa, Australia and Oceania</b>	AWG. 4500,00
<b>Another country in Europe</b>	AWG. 3000,00
<b>A country in Middle- or South- America</b>	AWG. 1000,00
<b>Canada</b>	AWG. 3000,00
<b>Chili, Argentina, Paraguay, Brazil, Uruguay</b>	AWG. 2000,00
<b>A country in the Caribbean</b>	AWG. 1000,00

DIMP stamp  
Initialed by official



**PART A: REPUTATION GENERAL  
EMPLOYER/ GUARANTOR**  
*(this document to be submitted at the DIMP in duplicate)*

**Form:**

**A**

**APPLICATION FORM  
DECLARATION OF REPUTATION  
FOR THE DIMAS**

Date,

In connection with a request to the DIMAS to obtain a residence permit for an employee per LTUV (admission ordinance), the undersigned requests you to provide him/her with a statement regarding the reputation at the DIMP. The undersigned declares being familiar with the generally applicable laws and regulations on behalf of the premium payments of AZV, AOV and AWW etc.

- The abovementioned employer also requests you to submit to him a Statement of Fiscal Conduct.*

<b>PART A. GENERAL INFORMATION</b>		
1.	Legal Trade Name employer / company	
2.	Address	
3.	Name owner / director company (guarantor)	
4.	Date of birth owner / director	
5.	Telephone / mobile number	
6.	Personal Fiscal Identification number of the employer	

Signature employer / guarantor

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*The Director of the DIMP hereby certifies that the applicant is KNOWN to the DIMP. On behalf of; (DIMP official signature and name/date stamp)*

Documentation to be submitted with request A:

- Extract of Chamber of Commerce (of the employer)
- Copy of valid passport / ID applicant (guarantor / director)
- 1x stamp of Awg. 4.--

1 x stamp  
of Awg.4.--

If a third party / another person represents employer / guarantor:

- When via a representative: Original signed authorization letter
- Copy of valid passport / ID of authorized person

- *This document is filled out truthfully.*
- *This document is valid for 6 months*

