



DIMAS

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DIMAS/16-04-2021

Stamp DIMAS

Plus submission date

1 Color
Passport
picture

APPLICATION FORM

A. LICENSES AND DECLARATION:

- Temporary Residency Temporary Residency with work Residency Indefinite Time

- B. TYPE OF REQUEST:** First Request Extension (New Request) Change Duplicate

C. PURPOSE OF THE STAY IN ARUBA:

Private

- Paid Employment
- Domestic Employee
- Family reunification, Formation, Adoption or Acknowledgement
- Continued residence (family/study)
- Temporary independent/special relationship to Aruba.
- Living with your partner
- Retiree/ pensioner
- Interest rate earner
- Student
- Internship/ Trainee
- Stay for indefinite time (firma liber)
- Other _____

Business

- Director
- Investor
- Sport coach / Athlete
- Short Term Project
- International Event
- Adult Entertainment

Declarations

- LTU Declaration not subject to Admission Art. 1
- LTU Declaration Permitted by Law Art. 3

D. PERSONAL DATA OF THE APPLICANT

Last name (s):		
Given Name (s):	Sex:	<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Other
Date of Birth: <i>dd - mm - yyyy</i>	Place of Birth:	
Country of Birth:	1 st Nationality:	2 nd Nationality:
Passport number:	Valid until: <i>dd - mm - yyyy</i>	Country of issue:
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"/> Life partner		
How many children:		
Country/countries of residency (last 5 years): /		
Address:		Residence:
Country of Residence:		
Telephone-/mobile number:		E-mail(required):
Function:		
CRV-number 500-	<input type="checkbox"/> No	You will receive a CRV- number at submission of first application.

E. SIGNATURE OF THE APPLICANT

The undersigned declares to be familiar with the conditions for residence in Aruba and to have completed this form truthfully. The undersigned is aware that if this statement is not based on the truth this will have legal consequences and if necessary will be reported to authorities.

Signature:

Place and date:

F. PERSONAL DATA OF THE GARANTOR

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

Only complete for paid employment or family re-unification, formation, adoption or recognition:

Name company/foundation:	
Chamber of Commerce number:	
Contact person:	Telephone-/mobile number:
Authorized Representative:	

Last Name (s):		Relation to applicant:			
Given Name (s):		Sex:	<input type="checkbox"/> Man	<input type="checkbox"/> Woman	<input type="checkbox"/> Other
Date of Birth: d d - m m - y y y y		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"/> Life partner
Passport number:	Valid until: d d - m m - y y y y	Country of issue:			
Address:		Residence:			
Country of residence:					
Telephone/mobile number:					
E-mail(required):					
Residence status:	<input type="checkbox"/> Not subject to admission permit	<input type="checkbox"/> Permit for an indefinite period			
	<input type="checkbox"/> Rightfully admitted	<input type="checkbox"/> Other _____			
	<input type="checkbox"/> Temporary residence permit				

G. SIGNING BY THE GUARANTOR

This guarantee declaration must only be completed if the request for a temporary residence permit is submitted on behalf of the applicant by the prospective employer or by the spouse / parent / legal representative who will guarantee the residence of the applicant in Aruba.

The guarantor declares to have a gross income of at least Afl. 50,000 per year and to be able to submit the necessary proof thereof. The guarantor guarantees the costs arising for the country of Aruba and for other public bodies during the applicant's entire period of the permitted stay. All costs, including the deposit and travel accommodation costs to the country of origin, can be recovered from the guarantor. If the undersigned is the employer of the foreign national, the undersigned declares that he is aware of his/her responsibility for paying the required social contributions and the relevant taxes. The undersigned guarantees the residence of the foreign national until (1) the day on which the guarantee obligation is taken over by another person to the satisfaction of the DIMAS or (2) the residence status of the foreign national has changed and he/she no longer needs a guarantor and (3) hereby grants permission to DIMAS to periodically check the residence address of the foreign national.

Details of the Foreign National

Last Name(s):	
Given Name(s):	<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Other
Date of Birth:	CRV-nr.: 500-
Address foreigner staying in Aruba:	Personal number(DIMP):

Details of Guarantor / Employer

Last Name(s):	
Given Name(s):	<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Other
Address:	CRV-nr.: 500-
Company Name (if applicable):	Personal number(DIMP):
Name of the contact person (if applicable):	<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Other

Signature: _____

Place and Date: _____

