



To be completed in **BLOCK CAPITALS**, dated and signed before mailing. Additional instructions on the back.

1. Kind of application (tick relevant box)

- ☐ Profitable activity
- ☐ Family reunification for a : ☐ Spouse ☐ Child ☐ Mother / Father ☐ Cohabitation
- With a : ☐ Swiss ☐ EU / EFTA ☐ non-European national
- ☐ Arrival from another canton : with a : ☐ L ☐ B ☐ C ☐ G ☐ other permit
- ☐ Arrival following a return authorization (B permit)

2. Beneficiary

- 2.1 Surname(s): 2.2 Maiden name:
- 2.3 Given name(s): 2.4 Nationality:
- 2.5 Date of birth: 2.6 Place of birth:
- 2.7 Gender: ☐ F ☐ M 2.8 Marital status:
- 2.9 Mother's surname(s): Given names):
- 2.10 Father's surname(s): Given name(s):
- 2.11 E-mail adress* : 2.12 Phone number:

* By filling out this section, you consent to digital communication with our administration (cf. art. 18A LPA).

3. Spouse : Arriving also in Geneva ? ☐ yes (if yes, individual form M to be completed) ☐ no

- 3.1 Surname(s): 3.2 Given name(s):
- 3.3 Date of birth: 3.4 Nationality:

4. Children

- | 4.1 Surname(s) | 4.2 Given name(s) | 4.3 Date of birth | 4.4 Gender | 4.5 Arriving also in Geneva?
(if yes, individual form M to be completed
for each child) |
|----------------|-------------------|-------------------|---|---|
| | | | <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> yes <input type="checkbox"/> no |
| | | | <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> yes <input type="checkbox"/> no |
| | | | <input type="checkbox"/> F <input type="checkbox"/> M | <input type="checkbox"/> yes <input type="checkbox"/> no |

5. Previous official address

- 5.1 Full address: Locality: Country:
- 5.2 Embassy /Consulate responsible for your place of residence:

6. Address in Geneva (if already known)

- 6.1 Owner: ☐ Tenant: ☐ Sub-tenant: ☐
- 6.2 Street: No: 6.3 Apartment No :
- 6.4 Postal code : 6.5 Town:
- 6.6 C/O: Surname: 6.7 Given name:
- 6.8 Official housing number : 6.9 Floor: 6.10 Number of rooms:
- 6.11 **Date of taking up residence in Geneva** (not applicable to tourist stays) (**mandatory**):

7. Information on Criminal Record (Optional only for EU / EFTA nationals)

- 7.1 Have you ever been convicted in Switzerland or abroad ? ☐ Yes ☐ No



Beneficiary

Surname(s):

Given name(s):

Date of birth:

Nationality:

8. Proxy

8.1 Proxy:

8.2 Street: No:

8.3 Postal code: Town: Country:

8.4 E-mail address*: 8.5 Phone number :

* By filling out this section, you consent to digital communication with our administration (cf. art. 18A LPA).

9. Employer / Independent activity (to be completed in case of a profitable activity)

9.1 Company / corporate name: 9.2 Economic sector:

9.3 Street: 9.4 No:

9.5 Postal code : Town: Country:

9.6 E-mail address*: 9.7 Phone number:

* By filling out this section, you consent to digital communication with our administration (cf. art. 18A LPA).

10. Information on Profitable Activity

10.1 ☐ Contract more than 4 months ☐ 120-days contract within a 12-month period ☐ 4-month contract ☐ Independent

10.2 Employed as:

10.3 Monthly Gross Salary (in Swiss Francs): 13th Salary: ☐ yes ☐ no

10.4 Duration of the profitable activity: ☐ Permanent as of: ☐ Fixed-term, starting from: to:

10.5 Business address:

10.6 Number of hours worked per week:

Foreign nationals and third parties should cooperate to determine the decisive fact findings. In particular, they should provide accurate and complete indications. Files of Non-European states will be sent for review to our foreign labour Service against payment of a fee.

In Switzerland, the basic health and accident insurance (LAMal) is mandatory. Upon arrival, every resident* in Switzerland must be insured against sickness and accidents. Affiliation procedures must be undertaken as soon as the residence permit application is submitted and are independent of whether or not the requested authorisation is granted. The accident insurance can be suspended for all employees whose gainful activity is greater than 8 hours a week. In this case, the accident insurance will be granted by the employer.

* People who request a residence permit for the sole purpose of following medical treatment or a cure are an exception: they do not have the right to join the compulsory health insurance.

More information: www.ge.ch/lc/sam

Place/Date: Stamp and signature :
(employer)

Signature:
(Beneficiary or proxy)

Complete application to be sent by post to the following address:

Office cantonal de la population et des migrations
Case postale 2652
1211 Genève 2

Also available online:

<https://www.ge.ch/annoncer-mon-arrivee-ocpm>

Space only for use of the Administration

#Invoice:

Attendant:

Notes:

INSTRUCTIONS to fill out Form M MULTI

	Europeans—EU/EFTA Nationals <i>The beneficiary may start activity, upon submission of the complete application.</i>	Non-European Nationals <i>Beneficiaries are not allowed to start working prior to the permit's approval.</i>
Mandatory documents	Form M duly completed, dated and signed Color photocopy of a valid I.D. Copy of lease or landlord's attestation - form AL (with copy of the main lease and the landlord's I.D.) in sublet or rent-free accommodation	Form M duly completed, dated and signed Color photocopy of a valid I.D. 1 passport-sized photo with full names written on the back
Additional documents		
<i>Profitable activity</i>		Copy of work contract signed by both parties Motivation letter issued by the employer Evidence of employer's priority search of candidates within Swiss and EU markets (including position announcement to the cantonal labour Office), with detailed results (except for intra-group executive officers) Company information: staff number and situation, nationalities and kind of permits Curriculum vitae Copy of diplomas and work certificates
<i>Family reunification</i>	M Form for each family member Copy of spouses marriage certificate (with official translation) Copy of children's birth certificate (with official translation) Evidence of parental authority for children arriving with only one parent or form EM Proof of filiation links in the event of a request for ascendants Evidence of financial means	M Form for each family member Copy of lease or landlord's attestation - form AL (with copy of his main lease and his I.D.) in sublet or rent-free accommodation Copy of spouses marriage certificate (with official translation) Copy of children's birth certificate (with official translation) Evidence of parental authority for children arriving with only one parent or form EM Proof of filiation links in the event of a request for ascendants Evidence of financial means Certificate of French knowledge, or proof of registration in French language course for spouses of C or B permit holders
<i>Cohabitation</i>	Evidence of financial means	Cohabitant certificat (if available) Proof of a stable and lasting relationship (photos, family or friend testimonials, joint lease, joint bank account, etc) Evidence of financial means Copy of cohabitant's lease if he/she is already in Geneva Colour copy of cohabitant's valid I.D. and/or residency permit Cover letter
<i>People arriving from another canton</i>	Copy of the residence permit Copy of work contract signed by both parties	Copy of the residence permit Copy of work contract signed by both parties Copy of lease or landlord's attestation - form AL (with copy of his main lease and his I.D.) in sublet or rent-free accommodation

The Administration reserves the right to request any other additional evidence.