**All fields must be filled in Form 6 –** Version: February 2023  **NB! One form for each person to be registered**

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| Protocol Department, Ministry of Foreign Affairs, Copenhagen | **For Protocol Department only**CPR nr.:Opholdskort nr.:ID kort nr.:Periode: |
| **Registration of Members of Consular Posts****resident in Denmark** |
| **1) All relevant documents must be forwarded in one PDF-file** **2) Copy of passport(s) with visible signature must be forwarded in a separate PDF-file****3) Photo of applicant must also be forwarded in a separate, high-quality JPEG/JPG-file and comply with the measurements below** |
|  1. Name of Consular Post |  |
|  2. Full name – as in passport | First name(s): | Surname(s): |
|  3. Date and place of birth | Date: | Month: | Year:  | Place of Birth (Country): | Place of Birth (City): |
|  4. Nationality |  | Secondary Nationality – if any | Previous Danish CPR No. - if any |
|  5. Passport (Diplomatic, Official, Service, Ordinary) | Passport type | Date of issue |
|  6. Civil status(Single, Married, Divorced etc.) |  | Date of change in civil status:  | Place of change in civil status: |
|  7. Arrival and duty in Denmark | Date of arrival | Date of taking up duty |
|  8. Private address in Denmark and telephone number | Private address: | Private telephone no. |
|  9. Previously residing in Denmark | Yes [ ]  No [ ]  If yes, when?  |
| 10. Category  (cf. Vienna Convention art. 1) | Head of Consular Post [ ]  Consular Officer [ ]  Consular Employee [ ]   Service staff (Consular Post) [ ]  Locally Employed Staff (Consular Post) [ ]   |
| 11. Position in the Diplomatic List | After whom (name/title):  | To be listed: [ ]  |
| 12. Consular title/function(Consul etc.) |  |
| 13. Name, category and date of birth of predecessor | Name: | Category: | Date of birth:  |
| 14. MOMS/VAT reimbursement | Eligible for MOMS/VAT reimbursementYes [ ]  No [ ]  | **Email** address for PRO-Moms user account |
| 15. Accompanied to Denmark by the following family members (if necessary, please use the back).  **All accompanying family members must fill in their own form** |
| Name | Relationship | Nationality | Date of birth |
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| 16. Mission’s contact person | Name: | Telephone:  | E-mail:  |

**Application for Residence Card or ID Card**

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| 17. Two specimen signatures in **black ink** of the applicant **within the spaces provided** |  |  |

**The Protocol Department must be informed by Note Verbale of any changes in the above information and of the termination of duty and final departure of any member of the Mission.** **On final departure, the ID/residence card must be returned to the Protocol Department.**

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| Date:Signature of the Head of Consular Post/Ministry of Foreign Affairs: | Stamp of Consular Post/Ministry of Foreign Affairs: | **Photo of applicant must fit within this field**Requirements for photo: Full frontal. Colour and of high quality. Measurements min. 32x40 mm, max. 35x45 mm, from eye to tip of chin 13 mm, must show forehead and hairline. |

**Supporting relevant documents needed for processing applications:**

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| Please mark the fields of the supporting relevant documents attached:[ ]  Copy of passport incl. front page of the passport and data page with signature [ ]  Marriage certificate[ ]  Registration of civil partnership where relevant[ ]  Proof of cohabitation where relevant[ ]  Birth certificate where relevant[ ]  For children under the age of 18 traveling with one parent – Letter of Consent from the parent who is not traveling with the child, featuring contact information and copy of passport with signature |