

# NLV Application Form

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Granada 18160  
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## 1. Personal Details

Surname :	Forenames:	Title:
Email:	Mobile Number:	Date Of Birth:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	National Insurance No:	
Marital Status ; Married <input type="checkbox"/> Single. <input type="checkbox"/> Civil Partnership. <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
Mother's Name and Surname:	Father's Name and Surname:	

## 2. Addresses

We require your current and your last ten years addresses

Current Address: House number, Street Name:	Town:	County:
Postcode:	From:	
Previous Address 1 House number, Street Name:	Town:	County:
Postcode:	From:	to:
Previous Address 2 House number, Street Name:	Town:	County:
Postcode:	From:	to:
Previous Address 3 House number, Street Name:	Town:	County:
Postcode:	From:	to:

## 3. Passport

Please email a copy of your passport (photo pages)

Passport Number:	Place of Birth (as shown on the passport):	Country of Birth:	
Nationality:	Country of Issue:	Start Date:	Expiry Date:
Have you ever used or been known by any other names? No Yes	Maiden name:		
If you have answered yes please list ALL your previous names below, eg. William James Smith			
Do you have another valid passport? No Yes If you answered Yes, please email the second passport with the rest of the documents.			

## 4. Marriage

If you are married please complete the section below (UK Marriages ONLY) and send us an old copy of your marriage certificate

Date of Marriage:	Place of Marriage (as stated on your marriage certificate):
<b>YOU:</b> Name of Father (as stated on your marriage certificate):	
<b>YOUR SPOUSE:</b> Name of Father (as stated on your marriage certificate):	

## 5. Minors

We need the parent's/legal guardian's details and a copy of the applicant's birth certificate

<b>Parent/Legal Guardian</b> Surname:	Forenames	Title
Mobile:	Email:	Nationality:

## 6. Spanish Details

If you don't have an address yet please indicate the town and province where you will initially move to.

Street Type (Calle, Avenida etc):	Street Name:	House No:
Municipality/Town:	Province	Postcode: <input type="text"/>
NIE: <input type="text"/>	Visa Start Date/ Month (Required):	Desired Visa Appointment Date/Month (Required):

## 7. Criminal Background Check

Have you ever lived In Scotland?:

Have you ever lived In Northern Ireland?:

Are you a serving, ex-serving, dependent ex-dependent, partner or ex-partner of a serving member of the armed forces? :

Are you the subject of any impending prosecutions, or under investigation for a criminal offence?:

In England, Scotland, Wales, Northern Ireland, Channel Islands, Isle of Man, or when serving in the UK armed forces, have you ever:

- been interviewed by police under caution;
- received a postal requisition or summons;
- been arrested, cautioned, warned, or reprimanded;
- received a fine for speeding, drink driving, or any other driving offence;
- received a penalty notice; or
- been convicted of a criminal offence?

If you have answered "Yes" to any of the above 6 questions, please provide details below, including offence, date, court (if applicable), and outcome.

## 8. Certificate of Good Health

### General Practitioner's Details and Self-Certification

Doctor / Clinic Name:

Address: Street Name:

Street No:

Town:

County:

Postcode:

Tel No:

Do you suffer from any infectious diseases (If yes please provide details below in "Additional information")

Have you ever suffered from any contagious disease including, but are not limited to smallpox, poliomyelitis by wild polio virus, the human influenza caused by a new subtype of virus and the severe acute respiratory syndrome (SARS), cholera, pneumonic plague, bellow fever, viral hemorrhagic fevers (e.g.: Ebola, Lassa, Marbug), West Nile Virus and other illnesses of special importance nationally or regionally (e.g.: Dengue Fever, Rift Valley Fever, and meningococcal disease).

Do you or have you ever had Tuberculosis (TB)? If yes please provide details and dates below in "Additional information"

Have you ever had any infectious diseases that have required isolation (Not COVID) please provide details below. Please also provide details of any current health conditions and/or diseases that you have below?

I declare that I have read and understood the questions in this "Pre Certificate Medical Assessment For Residence In Spain" Questionnaire and know that by filling in and returning the form by electronic mail, gives the document the same validity as my physical signature. Also I consent to the collection use and disclosure of my medical information as per this document. I also consent to the clarification of the medical information provided with my medical practitioners.

Signature

Date

DIGITAL SIGNATURE. BY SIGNING, I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND CORRECT\*

Please type your Name and Surname

We use UK-based private doctors to provide the "Certificate of Good Health" which all visa applicants must have. Please send us a short 15-second video statement stating your name, why you need the certificate (for a Spanish Visa Application) and confirm that you are not suffering from any infectious diseases. Please email it to [irina@gospain.co.uk](mailto:irina@gospain.co.uk) or WhatsApp is to +34 711 023 682