**APPOINTMENT FORM FOR RESIDENCE PERMIT FOR EXCEPTIONAL REASONS**

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| **PLEASE FILL IN ALL FIELDS** |  |
| **LAST NAME:****(WITH LATIN CHARACTERS)** |
| **NAME:****(WITH LATIN CHARACTERS)** |
| **DO YOU HAVE AN EXPIRED RESIDENCE PERMIT?****(ANSWER YES OR NO)****IF YES, COMPLETE THE NUMBER:** |  |
| **DO YOU HAVE 7 YEARS OF CONTINUOUS RESIDENCE IN GREECE?****(ANSWER YES OR NO)****IF YES, COMPLETE THE YEAR OF THE BEGINNING OF YOUR STAY** |  |
| **ARE YOU A PARENT OF A CHILD WITH GREEK CITIZENSHIP?****(ANSWER YES OR NO)****IF YES, FILL IN THE PLACE & DATE OF BIRTH OF THE CHILD:** |  |
| **PASSPORT NUMBER:** |
| **MUNICIPALITY OF RESIDENCE:** |
| **HOME ADDRESS & Postal Code:** |
| **PHONE NUMBER:** |
|  **Email:** |
| **IF YOU ACT AS AN ATTORNEY WRITE YOUR INFORMATION & Attach your attorney letter in pdf file** |

**ATTENTION:**

1. **Consult the supporting documents of the category EXCEPTIONAL REASONS on the website apdattikis.gov.gr to submit a complete file.**
2. **The receipt of the appointment is sent only by mail. Τhe applicant is not informed in any other way.**
3. **The person concerned may ONLY authorize a lawyer.**
4. **Duplicate messages, messages with other content or with omissions in the form are not answered. COMPLETE ALL FIELDS!**