**The alien is an employee of the company established in the EU or EFTA,** **working in accordance to the open-ended employment contract, who is being forwarded by this company for temporary work in Lithuania and has social insurance in that member state (Article 44 Part 1 Point 2 of the Law on the Legal Status of Aliens)**

**** [**The determined form request to amend the temporary residence permit in the Republic of Lithuania**](http://www.migracija.lt/l.php?tmpl_into%5b0%5d=index&tmpl_name%5b0%5d=m_site_index178&tmpl_into%5b1%5d=middle&tmpl_id%5b1%5d=2052)**.** *The request is submitted via the Lithuanian Migration Information System (MIGRIS);*

** Valid travel document (passport);**

 ** The number of facilitation letter submitted by the private legal entity, branch or agency registered in the Register of Legal Entities via the Lithuanian Migration Information System (**[**MIGRIS**](http://www.migracija.lt/)**)** (*shall be indicated via MIGRIS when filling-out the request regarding temporary residence permit*);

**** **Certificate issued by the competent institution of the member state of EU or EFTA *affirming that the alien has social insurance\*;***

** Letter of the company, which is the member state of the EU or EFTA, forwarding the alien affirming that the alien is an employee of the company working in accordance to the open-ended employment contract being forwarded for temporary work to the Republic of Lithuania\*;**

**** ***if the facilitation letter indicates that the alien’s monthly wage is less than 1 MMW,*** [**document affirming that the alien has sufficient funds and/or receives regular income**](http://www.migracija.lt/l.php?tmpl_into%5b0%5d=index&tmpl_name%5b0%5d=m_site_index178&tmpl_into%5b1%5d=middle&tmpl_id%5b1%5d=1195)  **(e.g., *bank certificate*\*),** [**which is sufficient in order to live in the Republic of Lithuania**](http://www.migracija.lt/l.php?tmpl_into%5b0%5d=index&tmpl_name%5b0%5d=m_site_index178&tmpl_into%5b1%5d=middle&tmpl_id%5b1%5d=1195)**.** **The value of subsistence funds is one minimum wage per month. There should be enough funds for the whole duration of the requested temporary residence permit or for at least one year;**

**** **The undertaking of the alien, that they will declare their place of residence in the dwelling, the residential area of which for one adult person, who declared their place of residence therein, will be no less than 7 square meters;**

** Health insurance, which guarantees the payment for emergency health care services expenses and expenses that may occur, due to the return of the alien to the foreign country for health-related reasons (transportation, including, the escort of personal health care specialist(s)) and the insurance must be valid for the whole duration of the requested temporary residence permit or for at least one year\*.**

**Health insurance is not needed, if compulsory health insurance installments will be paid (are paid) for the alien.**

**The alien may submit the health insurance at their own choosing:**

* **By filling-out the request via ‘MIGRIS’;**
* **By arriving at the booked visitation time to the Migration Department in order to submit documents and biometric data.**

** *If another person paid the public fees for the alien*: the extended form of the payment order of the paid public fees, wherein the name(s), surname(s), personal identification number or date of birth of the alien, for whom the payment was made, is indicated.**

I have checked whether all of the necessary documents in regards to the issuing of the temporary residence permit were submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

 (Citizenship, name(s), surname(s) and date of birth of the alien)

and I have accepted/not-accepted them:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of position)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name(s) and surname(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Documents issued abroad must be translated in to Lithuanian and the translations must be affirmed by the person or institution having the right to testify the translation from one language to another. Document affirming health insurance may be submitted written in original English language or an English language translation from another language may be submitted, which is affirmed by the person or institution having the right to testify the translation from one language to another.**