APPENDIX A

DOCUMENT OF ASSURANCE FROM VISA APPLICANT

PERSONAL DETAILS:	
NAME:	
ADDRESS:	
POSTAL ADDRESS: (if different)	
TELEPHONE NUMBER:	
E-MAIL ADDRESS:	
<u>UNDERTAKING:</u>	
<u> </u>	hereby undertake that I will observe the conditions
of my visa, if granted, that I	will not become a burden on Ireland and that I will leave the
State on the expiration of my	permission to remain.
REFERENCE IN IRELANI	<u>)</u>
Reference in Ireland reference in Ireland.	ence in Ireland. Please see Document of Assurance from Appendix B and supporting documents submitted from my I have known my reference in Ireland for years tion as (please enter relationship to reference in Ireland):
	OR
	reference in Ireland. Please find attached a copy of my hotel showing evidence of accommodation.

EVIDENCE OF OBLIGATION TO RETURN TO MY COUNTRY OF PERMANENT RESIDENCE:	
A. I am currently employed, please find attached the following required documents:	
 □ An original letter from my employer stating how long I have been employed there, the date on which my leave will begin and the date on which I will be returning to work in that employment, AND □ Three original consecutive payslips from the most recent pay period. 	
OR	
B. I am currently an enrolled student, please find attached the following required document:	
☐ An original letter from my school/college/university outlining what courses I am pursuing, how many years I have been a student there, how many years/terms I have left at that school/college/university and that I am expected to return there following my visit to Ireland	
OR	
C. I am not currently employed or an enrolled student, please find attached the following required documents:	
 Copy of home mortgage details or copy of home rental lease details AND 	
☐ My most recent tax return (must also be provided for self-employed individuals otherwise unable to produce a letter from an employer) AND	
☐ Full written details of family members residing in the US AND	
Original marriage certificate (if applicable), and original birth certificates for children under 18 (if applicable)	
SIGNATURE:	
PRINT NAME:	
DATE:	

6.