

Harmonised application form

Application for Schengen Visa

This application form is free

РНОТО

Family members of EU, EEA or CH citizens or of UK nationals who are beneficiaries of the EU-UK Withdrawal Agreement shall not fill in fields No 21, 22, 30, 31 and 32 (marked with *). Fields 1–3 shall be filled in in accordance with the data in the travel document.

1. Surname [family name] :	For official use only			
	Date of application :			
2. Surname at birth [former family nam	Application number:			
3. First name(s) [given name(s)] : 4. Date of birth (day-month-year) :	5. Place of birth: 6. Country of birth:	7. Current nationality a Other national	t birth, if different :	Application lodge at : Embassy/consulate Service provider Commercial intermediary Border (name): Other:
8. Sex : Male Female Ot 10. Parental authority (in case of minor telephone No, email address, and nation	Supporting documents : Travel document Means of subsistence Invitation TMI Means of transport Other :			
11. National identity number, where ap	plicable :			Visa decision : Refused Issued A C LVT
				LVI
12. Type of travel document: ☐ Ordinary passport ☐ Diplomatic ☐ Other travel document (please spec	passport Service passp cify) :	port	Special passport	Valid:
13. Number of travel document :	14. Date of issue :	15. Valid until :	16. Issued by (country):	From Until
17. Personal data of the family member UK Withdrawal Agreement, if applicab	Number of entries :			
Surname (family name):	Number of days :			
Date of birth (day-month-year) : Na	ationality: N	iumber of travel document or	r ID card :	-

18. Family relation	onship with a	n EU, EEA or	CH citizen or a	UK national wh	no is a bene	eficiary of the	EU-UK Withdi	rawal Agr	reement, if applicable :
Spouse	Child	Grandel	nild	Dependen	t ascendant	Regist	ered partnership	Otl	her
19. Applicant's h	ome address	and email addr	ess:				Tel	lephone n	10:
20. Residence in	•		-	· ·				V/ 1: 1	.1
No 🗆	Yes : Reside	ence permit or e	equivalent	N°				Valid un	ıtil
* 21. Current occ	cupation:								
* 22. Employer a	and employer	r's address and t	telephone numb	er. For students	s, name and	l address of e	educational estab	lishment	:
23. Purpose(s) of	the journey	:							
Tourism Medical r		Business Study	☐ Visiting f	amily or friends	; <u> </u>	Cultural Other (ple	Spor	ts	Official visit
24. Additional in	formation or	n purpose of sta	ıy:						
25. Member State	o of main doo	etination (and a	than Mamban St	aton of					
destination, if ap		sunation (and o	thei Member St	ates of	26. Memb	er State of fi	est entry :		
27. Number of e	ntries reques	ted :							
	try Two		ultiple entries						
Intended date of			•						
Intended date of	departure fro	om the Schenge	en area after the	first intended si	tay:				
28. Fingerprints o	_	-	purpose of apply	_	_	the visa, if k	now :		
29. Entry permit Issued by		,				, valid fr	om	u	ntil
* 30. Surname ar in the Member S		of the inviting	person(s) in the	Member State(s	s). If not ap	oplicable, nan	ne of hotel(s) or	temporar	ry accommodation(s)

Address and email address of inviting person(s)/hotel(s)/temporary accomm	Telephone no:		
* 31. Name and address of inviting company/organisation:		Telephone no of company/ organisation :	
Surname, first name, address, telephone no, and email address of contact p	erson in company/organisation:	<u> </u>	
*00.0			
* 32. Cost of travelling and living during the applicant's stay is covered:			
 □ by the applicant Means of support: ☑ Cash □ Traveller's cheques 	organisation), please specify : 31		
 ✓ Credit card ✓ Pre-paid accommodation ✓ Pre-paid transport 	Means of support : ☐ Cash		
Other (specify):	Accomodation provided All expenses covered during the stay Pre-paid transport Other (specify):		
33. Surname and first name of the person filling in the application form, if d	ifferent from the applicant :		
Address and email address of the person filling in the application form :		Telephone no :	

I am aware that the visa fee is not refunded if the visa is refused.
Applicable in case a multiple-entry visa is issued
I am aware of the need to have adequate travel medical insurance for my first stay and any subsequent visits to the territory of Member States.
I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the application; and any personal data concerning me which appear on the application form, as well a my fingerprints and my photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of decision on my application.
Such data as well as data concerning the decision taken on my application or a decision whether to annul, revoke or extend a visa issued will be entered into an stored in the Visa Information System (VIS) for a maximum period of five years, during which it will be accessible to the visa authorities and the authoritie competent for carrying out checks on visas at external borders and within the Member States, immigration and asylum authorities in the Member States for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Member States are fulfilled, of identifying person who do not or who no longer fulfil these conditions, of examining an asylum application and of determining responsibility for such examination. Under certain conditions the data will be also available to designated authorities of the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Member State responsible for processing the data are: Ministère de l'Intérieur (Place Beauvau -75800 Paris CEDEX 08) et le Ministère de l'Europe et des Affaires Etrangères (27 rue de la Convention -75732 PARIS Cedex 15).
I am aware that I have the right to obtain, in any of the Member States, notification of the data relating to me recorded in the VIS and of the Member State which transmitted the data, and to request that data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At mexpress request, the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to the national law of the Member State concerned. The national supervisory authority of that Member State [Commission Nationale de l'Informatique et des Libertés – 3 Place de Fontenoy - TSA 80715 - 75334 PARIS CEDEX 07] will heat claims concerning the protection of personal data.
I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Member State which deals with the application.
I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 6(1) of Regulation (EU) 2016/399 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.