



Application for Schengen Visa

This application form is free

PHOTO

1. Surname (Family name) (x) MAMMADOVA				FOR OFFICIAL USE ONLY Date of application : Application number : FRA1BU20237019772 Application lodged at : <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border (Name) : <input type="checkbox"/> Other : File handled by : Supporting documents : <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> TMI <input type="checkbox"/> Means of transport <input type="checkbox"/> Other : Visa decision : <input type="checkbox"/> Refused <input type="checkbox"/> Issued : <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LTV <input type="checkbox"/> Valid : From : Until : Number of entries : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple Number of days :	
2. Surname at birth (Former family name(s)) (x)					
3. First name(s) (Given name(s)) (x) Gulzar					
4. Date of birth (day-month-year) 02/02/1992		5. Place of birth : AZERBAIJAN		7. Current nationality : Azerbaijani	
		6. Country of birth : Azerbaijan		Nationality at birth, if different : Other nationalities :	
8. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		9. Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Registered Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify) :			
10. Parental authority (in case of minors) / legal guardian (surname, first name, address, if different from applicant's, telephone no., e-mail address, and nationality) :					
11. National identity number, where applicable : 57CVR5A					
12. Type of travel document <input checked="" type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify) :					
13. Number of travel document : C02689362		14. Date of issue : 22/12/2019		15. Valid until : 21/12/2029	
				16. Issued by (country) : Azerbaijan	
17. Personal data of the family member who is a European Union, EEA or Swiss Confederation citizen or is a United Kingdom citizen beneficiary of the withdrawal agreement, if applicable :					
Surname (Family name) :			First names (s) (Given name(s)) :		
Date of birth (day-month-year) :		Nationality :		Number of travel document or ID card :	



18. Family relationship with an European Union, EEA or Swiss Confederation citizen, or with United Kingdom citizen beneficiary of the withdrawal agreement, if applicable : <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant <input type="checkbox"/> Registered Partnership <input type="checkbox"/> other :	
19. Applicant's home address and e-mail address : MAHAMMAD HADI 130 AZ1142 BAKU Azerbaijan mgulzar0202@gmail.com	Telephone no. : +994772775999
20. Residence in a country other than the country of current nationality : <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent No Valid until.....	
*21. Current occupation : Unemployed	
*22. Employer and employer's address and telephone number. For students, name and address of educational establishment :	
23. Purpose(s) of the journey : <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input checked="" type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reasons <input type="checkbox"/> Study <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify) :	
24. Additional information on purpose of stay :	
25. Member State of main destination (and other Member States of destination, if applicable) : Luxembourg	26. Member State of first entry :
27. Number of entries requested : <input checked="" type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries Intended date of arrival of the first intended stay in the Schengen area : 30/10/2023 Intended date of departure from the Schengen area after the first intended stay : 08/11/2023	
28. Fingerprints collected previously for the purpose of applying for a Schengen visa : <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Date, if known..... Visa sticker number, if known..... CZE010330110	
29. Entry permit for the final country of destination, where applicable : Issued by..... Valid from.....until.....	
*30. Surname and first name of the inviting person(s) in the Member State(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the Member State(s) : GASIMOV Anar	

Address and e-mail address of inviting person(s) / hotel(s) / Temporary accommodation(s) : 84 RUE, CHARLES DARWIN L-1433 LUXEMBOURG Luxembourg anar.gasimov23@yahoo.com		Telephone no. : 691858787
*31. Name and address of inviting company / organisation :		
Surname, first name, address, telephone no., and e-mail address of contact person in company / organisation :		Telephone no. of company / organisation :
*32. Cost of travelling and living during the applicant's stay is covered :		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> by the applicant himself/herself Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit Card <input type="checkbox"/> Pre-paid accommodation <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify) : </div> <div style="width: 48%;"> <input checked="" type="checkbox"/> by a sponsor (host, company, organisation), Please specify : <input type="checkbox"/> referred to in field 30 or 31 <input checked="" type="checkbox"/> other (please specify) : SHABANOV, ORKHAN..... Means of support <input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> Accommodation provided <input checked="" type="checkbox"/> All expenses covered during the stay <input checked="" type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify) : </div> </div>		

I am aware that the visa fee is not refunded if the visa is refused.

Applicable in case a multiple-entry visa is applied for :

I am aware of the need to have an 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 visa application; and any personal data concerning me which appear on the visa application form, as well as 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 a decision on my visa 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, and 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 authorities 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 persons 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 authorities responsible for processing the data are : Ministère de l'Intérieur (Place Beauvau - 75800 Paris CEDEX 08) and 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 my express 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 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 hear 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 (EC) No 399/2016 (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.

Place and date

Signature (for minors, signature of parental authority / legal guardian)

Family members of EU, EEA, Swiss Confederation, or United Kingdom citizen beneficiary of the withdrawal agreement, should not complete boxes 21, 22, 30, 31 and 32 (marked with an *).

(x) The data in boxes 1 to 3 must correspond to the data on the travel document