



H002914393

Photo

Harmonised application



Application for Schengen Visa

This application form is free.

1 Surname (Family name) (x) BOTSMAN.				For official use only	
2 Surname at birth (Former family name(s)) (x) KOTLIAROVA				Date of application:	
3 First name(s) (Given name(s)) (x) LANA ALEKSANDROVNA				Visa application number:	
4 Date of birth (day-month-year) 14/11/1971		5 Place of birth LENINGRAD		7 Current nationality RUSSIAN FEDERATION	
		6 Country of birth SOVIET UNION		Nationality at birth, if different: SOVIET UNION	
8 Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		9 Marital status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify)			
10 In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian					
11 National identity number, where applicable					
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 750486945		14 Date of issue 29/08/2014		15 Valid until 29/08/2024	
				16 Issued by FMS 78032	
17 Applicant's home address, e-mail address PR SREDNEOKHTINSKII 48 66 SANKT-PETERBURG RUSSIAN FEDERATION 0				Telephone number(s) 79112573354	
18 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					
*19 Current occupation TEACHER					
*20 Employer and employer's address and telephone number. For students, name and address of educational establishment. DVORETS DETSKOGO IUNOSHESKOGO TVORCHESTVA UL BUDAPESHTSKAIA 30 2 SANKT-PETERBURG RUSSIAN FEDERATION 0 78127743992					
21 Main purpose(s) of the journey: <input checked="" type="checkbox"/> Tourism <input type="checkbox"/> Business <input 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"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (Please specify)					

Supporting documents:
☐ Travel document
☐ Means of subsistence
☐ Invitation
☐ Means of transport
☐ TMI
☐ Other:

Visa decision:
☐ Refused
☐ Issued:
☐ A
☐ C
☐ LTV
☐ Valid

From
Until

Number of entries:
☐ 1 ☐ 2 ☐ Multiple

Number of days:

(1) No logo is required for Norway, Iceland and Switzerland.

09-Dec-2019

22 Member State(s) of destination FINLAND	23 Member State of first entry FINLAND
24 Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input checked="" type="checkbox"/> Multiple entries	25 Duration of the intended stay or transit Indicate number of days 90

The fields marked with * shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields No 34 and 35.

(x) Fields 1–3 shall be filled in accordance with the data in the travel document.

26 Schengen visas issued during the past three years <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Date(s) of validity from 08/12/2017 to 07/12/2019	
27 Fingerprints collected previously for the purpose of applying for a Schengen visa <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 01/11/2015 Date, if known	
28 Entry permit for the final country of destination, where applicable Issued by _____ Valid from _____ until _____	
29 Intended date of arrival in the Schengen area 23/12/2019	30 Intended date of departure from the Schengen area 22/12/2021
*31 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)	
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s)	Telephone and telefax
*32 Name and address of inviting company/organisation	Telephone and telefax of company/organisation
Surname, first name, address, telephone, telefax and e-mail address of contact person in company/organisation	

*33 Cost of travelling and living during the applicant's stay is covered

<input checked="" type="checkbox"/> by the applicant himself/herself Means of support <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> by a sponsor (host, company, organisation), please specify _____ <input type="checkbox"/> referred to in field 31 or 32 _____ <input type="checkbox"/> other (please specify) Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)
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34 Personal data of the family member who is an EU, EEA or CH citizen			
Surname		First name(s)	
Date of birth	Nationality	Number of travel document or ID card	
35 Family relationship with an EU, EEA or CH citizen			
<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant			
36 Place and date		37 Signature (for minors, signature of parental authority/legal guardian)	

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 (cf. field No. 24):

I am aware of the need to have an adequate travel medical insurance for my first stay and 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 annual, revoke or extend a visa issued will be entered into, and stored in the Visa Information System (VIS) ⁽¹⁾ 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 authority of the Member State responsible for processing the data is Ministry for Foreign Affairs of Finland, PO Box 176, 00023 Government, Finland, e-mail: visas.passports@formin.fi

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 (Office of the Data Protection Ombudsman, PO Box 315, 00181 Helsinki, Finland, e-mail: tietosuoja@om.fi) 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 any 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 5(1) of Regulation (EC) No. 562/2006 (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)
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⁽¹⁾ In so far as the VIS is operational

ADDITIONAL INFORMATION :

NA

RefNo :H002914393

Online Reference Number

APPLICANT NAME : lana botsman



Personal Information



Passport Information



Contact Information



Occupation Information



Travel Information



Inviting Party Information



Travel Cost Information

