

11002011111

Harmonised application

Application for Schengen Visa

This application form is free.

Photo

* * *						
1 Surname (Family name) (x)				For official use only		
YATSUK.						
2 Surname at birth (Former fam	Date of application:					
YATSUK 3 First name(s) (Given name(s))	Vice application number					
DMITRY NIKOLAEVICE	Visa application number:					
4 Date of birth (day-month-year	Application lodged at					
19/12/1978	RESPUBLIK	A KAZAKHSTAN	RUSSIAN FEDERATION	Embassy/consulate		
	6 Country of birt		Nationality at birth, if different:	CAC		
	SOVIET UNI	ON	SOVIET UNION	Service provider		
8 Sex Male Female	9 Marital status Single Other (please specify	Commercial intermediary Border				
10 In the case of minors: Surnan	ne, first name, address (if differ	rent from applicant's) and	nationality of parental authory/legal	guardian		
	Other					
11 National identity number, whe	File handled by:					
12 Type of travel document						
X Ordinary passport	Diplomatic passport	Service passport	Official passport Special pa	ssport		
Other travel document (p	lease specify)			Supporting documents:		
				Travel document		
13 Number of travel document	14. Data of issue	15 Valid until	16 Issued by	Means of subsistence		
	19/05/2015	19/05/2020	UFMS 670	Invitation		
				Means of transport TMI		
				Other:		
17 Applicant's home address, e-PR KOSYGINA 13 19 S	mail address	RIISSIAN	Telephone number(s) 79110008362			
FEDERATION	DANKI-I ETEKDOKC	ROSSIAN	79110000302			
0				Visa decision:		
				Refused		
18 Residence in a country other	than the country of current na	tionality		Issued:		
✗ No				A C		
Yes. Residence permit or	equivalent No	Va	alid until	C 		
*19 Current occupation						
NO OCCUPATION				Valid		
*20 Employer and employer's add	dress and telephone number. F	or students, name and ad	dress of educational establishment.	From		
				110111		
	Until					
21 Main purpose(s) of the journe	y: Visiting fa	amily or				
Tourism Bu Official visit	Number of entries:					
Medical reasons	1 2 Multiple					
Study Tr	Number of days:					
4 0 • • • • • • • • • • • • • • • • • • •				·		

22 Member State(s) of destination FINLAND	23 Member State of first entry FINLAND					
24 Number of entries requested	25 Duration of the intended stay or transit					
Single entry Two entries	Indicate number of days					
Multiple entries	90					
The fields marked with * shall not be filled in by family members to free movement. Family members of EU, EEA or CH citizens s						
to free movement. Family members of Eo, EEA of Off officers s	mail present documents to prove this relationship and hill in held	13 140 04 and 00.				
(x) Fields 1–3 shall be filled in accordance with the data in the tra	avel document.					
26 Schengen visas issued during the past three years No						
Yes. Date(s) of validity from 01/01/2018						
27 Fingerprints collected previously for the purpose of applying for a						
No X Yes						
25/08/2016	Data if known					
	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	30 Intended date of departure from the Schengen area					
23/12/2019	22/12/2021					
*31 Surname and first name of the inviting person(s) in the Member Saccommodation(s) in the Member State(s)	State(s). If not applicable, name of hotel(s) or temporary					
assorting and the mornisor state(c)						
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s)	Telephone and telefax					
accommodation(s)						
*32 Name and address of inviting company/organisation	Telephone and telefax of company/organisation					
Surname, first name, address, telephone, telefax and e-mail address	s of contact person in company/organisation					
*22 Cost of travelling and living during the!	1					
*33 Cost of travelling and living during the applicant's stay is covered	4					
by the applicant himself/herself	by a sponsor (host, company, organisation), please					
	specify					
	referred to in field 31 or 32					
Means of support	referred to in field 31 or 32					
weans of support Cash						
- Cusii	other (please specify)					
Traveller's cheques	Means of support					
Credit card	Cash					
Significant out of						
Prepaid accommodation	Accommodation provided					
Prepaid transport	All expences covered during the stay					
Other (please specify)	Prepaid transport					
	Other (please specify)					

34 Personal data of the family member who	is an EU, EEA or CH ci	tizen				
Surname		First name(s)				
Date of birth	Nationality		Number of travel document or ID card			
35 Family relationship with an EU, EEA or C	H citizen			_		
spouse child						
36 Place and date		guardian)	inors, signature of parental authority/legal			
I am aware that the visa fee is not refu	nded if the visa is ref	used.				
Applicable in case a multiple-entry visa				ile e d'Mente e Olete		
I am aware of the need to have an ade	quate travel medical	insurance for my fi	rst stay and subsequent visits to the terr	ritory of Member States.		
applicable, the taking of fingerprints, a	are mandatory for the as my fingerprints ar	e examination of the nd my photograph	ired by this application form and the ta e visa application; and any personal data will be supplied to the relevant authorit dication.	a concerning me which appear		
entered into, and stored in the Visa In authorities and the authorities compete authorities in the Member States for the Member States are fulfilled, of ider determining responsibility for such example and to Europol for the purpose of the p	Information System (Note that for carrying out of the purposes of verification of the purposes of verification of the purposes of verification of the purposes who mination. Under certain of the purposes of	(IS) (1) for a maximuse the cks on visas at expension whether the codo not or who no lain conditions the dand investigation of	or a decision whether to annual, revoke num period of five years, during which in external borders and within the Member Sonditions for the legal entry into, stay an enger fulfil these conditions, of examininata will be also available to designated and ferrorist offences and of other serious on Affaires of Finland, PO Box 176, 00023	t will be accessible to the visa States, immigration and asylum nd residence on the territory of an asylum application and of uthorities of the Member States criminal offences. The authority		
State which transmitted the data, and unlawfully be deleted. At my express r to check the personal data concerning	to request that data request, the authority g me and have them sory authority of that	relating to me whi rexamining my ap- corrected or delet t Member State (O	ation of the data relating to me recorded chare inaccurate be corrected and that plication will inform me of the manner in ed, including the related remedies accoffice of the Data Protection Ombudsmar f personal data.	data relating to me processed which I may exercise my right rding to the national law of the		
	annulment of a visa		correct and complete. I am aware that a y may also render me liable to prosecution			
one of the prerequisites for entry into t that I will be entitled to compensation i	he European territory If I fail to comply with	of the Member St the relevant provis	e visa, if granted. I have been informed thates. The mere fact that a visa has been sions of Article 5(1) of Regulation (EC) Nocked again on entry into the European to	granded to me does not mean b. 562/2006 (Schengen Borders		
Place and date		Signature (for minor	rs, signature of parental authority/legal guardia	an)		
(1) In so far as the VIS is operational		1				

NA

RefNo :H002914411 APPLICANT NAME : dmitry yatsuk

Online Reference Number

Personal Information

Passport Information



Contact Information



Occupation Information



Travel Information



Inviting Party Information



Travel Cost Information

