



VURN: KPZKWKZ	JOK		
* * * * * * * * * *	Harmonised application fo Application for Sche This application form is fre	Photo	
elds no. 21, 22, 30, 31 and	or CH citizens or of UK nationals who are Withdra	awal Agreement beneficiaries shall not fill in	
1. Surname (Family nam	ne):		FOR OFFICIAL USE ONLY
BANAGANI	Date of application:		
2. Surname at birth (For			
BANAGANI	Application number:		
3. First name(s) (Given i	Application lodged at:		
NAVEEN	☐ Embassy/consulate		
4. Date of birth	5. Place of birth:	6. Country of birth:	☐ Service Provider
(day-month-year):	TIRUPATI	INDIA	☐ Commercial intermediary

BANAGANI	Application number:			
3. First name(s) (Given name	e(s)):			Application lodged at:
NAVEEN	☐ Embassy/consulate			
4. Date of birth (day-month-year):	5. Place of birth: TIRUPATI		6. Country of birth:	☐ Service Provider ☐ Commercial intermediary
10-07-1995				☐ Border (Name):
7. Current nationality:	•	Nationality at birth, if dit	ferent:	
INDIA				□ Other:
Other nationalities:				File handled by:
8. Sex:	9. Civil status:			Supporting documents:
⊠Male	⊠Single	□ Divorced		☐ Travel document
□Female	□Married	☐ Widow Or Widowe	er	☐ Means of subsistence
	☐ Registered Partnersh	nip □Other (please spe	cify):	☐ Invitation
	□Separated			☐ TMI
				☐ Means of transport
10. Parental authority (in cas telephone no., e-mail addres	☐ Other:			
44 14 22 12 22 1				Visa decision:
11. National identity number,	where applicable:			□ Refused
				☐ Issued
12. Type of travel document:				□ A
⊠ Ordinary passport □ Di	plomatic passport □ Serv	ice passport □ Official pa	assport □ Special passport	□ C
☐ Other travel document	(please specify):			□ LTV
13. Number of travel	14. Date of issue:	15. Valid until:	16. Issued by (country):	□ Valid:
document:	29-10-2018	28-10-2028	INDIA	From:
S7637337	29-10-2016	20-10-2020	INDIA	FIOIII.
17. Personal data of the fami		EA or CH citizen or a UK na	tional who is a Withdrawal	Until:
Agreement beneficiary, if app	JIICADIE	Te: () (0:	())	Number of entries:
Surname (Family name):		First name(s) (Given na	nme(s)):	□ 1 □ 2 □ Multiple
Date of birth	Nationality:	Number of travel document or ID card:		Number of days:
(day-month-year):				
18. Family relationship with a applicable:	nn EU, EEA or CH citizen or	a UK national who is a With	drawal Agreement beneficiary, if	
☐ Spouse ☐ Child ☐ Grar	ndchild Dependent asce	endant □ Registered part	nership	
☐ Other:				
19. Applicant's home addres	s and e-mail address:		Te	l lephone no.:
11 CLUIAN MHOR, H91		D		, 353899529291
l <u></u> <u>_</u>				

NAVEENBANAGANI401@GMAIL.COM

20. Residence in a country other than the country of current nationality:		
□ No	No.	Valid until
	R0722517	11-02-2024
*21. Current occupation:		
Computer expert		
*22. Employer and employer's address and telephone number. For students	s name and address of educational es	tablishment:
ERNST AND YOUNG	EY BUILDING, HARCOURT CE	
+35314750555	DUBLIN 2	141162, 111 (14000141 01,
	DUBLIN	
	IRELAND	
23. Purpose(s) of the journey:		
	al visit □ Medical reasons □ Sport	s □ Study □ Airport transit
☐ Other (please specify):		
24. Additional information on purpose of stay:		
25. Member State of main destination (and other Member States of destina	tion, if applicable):	26. Member State of first entry:
Finland		Finland
27. Number of entries requested:		
☐ Single entry ☐ Two entries ☒ Multiple entries		
Intended date of arrival of the first intended stay in the Schengen area:	Intended date of departure from the S	Schengen area after the first intended
19-05-2023	stay:	
	23-05-2023	
28. Fingerprints collected previously for the purpose of applying for a Scher	ngen visa:	
☑ No □ Yes	Date, if known	Visa sticker number, if known
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	s). If not applicable, name of hotel(s) or	r temporary accommodation(s) in the
Member State(s): HOSTEL DIANA PARK		
		T=
Address and e-mail address of inviting person(s)/hotel(s)/temporary accomi	modation(s):	Telephone no.:
UUDENMAANKATU 9, KAMPI, 00120 HELSINKI, FINLAND		+3589642169
*31. Name and address of inviting company/organisation:		
Surname, first name, address, telephone no., and e-mail address of contact	t nerson in company/organisation	
Garriante, machanie, address, telephone no., and e mail address of contact	person in company/organisation.	
Telephone no. of company/organisation:		
Total file the total party of garneadon.		
*32. Cost of travelling and living during the applicant's stay is covered:		
☑ by the applicant himself/herself	□ by a sponsor (host, company, orga	nisation) nlease specify:
Bby the applicant till itself the test	□ referred to in field 30 or 31	nisation), picase specify.
Means of support:		
⊠ Cash	□ other (please specify):	
☐ Traveller's cheques	Means of support:	
□ Credit card	□Cash	
☐ Prepaid accommodation	☐ Accommodation provided	
☐ Prepaid transport	☐ All expenses covered during the stay	
☐ Other (please specify):	□ Prepaid transport	
	☐ Other (please specify):	

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 application; and any personal data concerning me which appear on the 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 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 authority of the Member State responsible for processing the data is: The Ministry for Foreign Affairs of Finland.

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 Member State concerned. The national supervisory authority of that Member State [contact details: The Office of the Data Protection Ombudsman in Finland (www.tietosuoja.fi/en)] 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 (EU) No 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.

Place and date:	Signature:
	(signature of parental authority/legal guardian, if applicable):

Tourism

Λ	Missing documents may negatively affect the visa decision.	For official use only		
X Y	es 🔲 No Visa application form with a photograph	☐ Pending		
Schengen visa application form shall be duly completed, dated and signed by the applicant. Please check the visa application photo requirements on the website https://www.icao.int/Security/mrtd/Downloads/Technical%20Reports/Annex A-Photograph Guidelines.pdf.				
X Y	es 🗌 No Travel document	Pending		
	ravel document must be valid for a minimum of three (3) mo at least two (2) blank pages.	onths after the planned journey, issued within the previous 10 years and		
X Y	es 🗌 No Travel medical insurance	☐ Pending		
Trave	el medical insurance must be valid for the duration of travel a	and cover the entire Schengen area. An applicant for a multiple-entry visa		
may provide an insurance policy, which is valid during the first trip. The minimum coverage of the policy must be 30 000 (thirty thousand) euros. The policy has to cover costs in case of sudden illness or accident and assistance on site, including the costs of medical repatriation to the place of permanent residence of the insured person or the repatriation in case of death.				
	es 🗵 No Proof of itinerary	☐ Pending		
If vis	iting several countries within one trip, a travel schedule, whi	ich includes all the countries to be visited.		
X Y	es 🗌 No Transport reservations	☐ Pending		
Proof	f of confirmed return ticket(s).			
X Y	es No Proof of accommodation	☐ Pending		
Proof	f of accommodation reservation(s).			
X Y	es 🗌 No Proof of employment	☐ Pending		
If the applicant is employed, he/she should attach a recent letter from the employer (headed letter with name, position, starting date of job contract, salary, date of issue, address, telephone number and position of signatory and registration number in Ireland) and /or payslips for the last three months. Self-employed should present tax registration, P21, P45 or P60 tax form or (a recent letter from accountant, banker or solicitor, stating self-				
	oyment or business ownership in Ireland.)	in form of the recent tetter from accountant, banker of societor, stating sect		
× Y	es No Proof of financial means	☐ Pending		
Proof	f of funds: recent (last three months) Irish bank statements.			
Y	es 🗵 No Proof of studies	☐ Pending		
Stude type	ents should present a recent, official and signed letter from s of studies, number of lessons (hours) per week and attendan	school, college or university, stating date of issue, name of the applicant and		
× Y	es No Documents for third country citizens	☐ Pending		
Valid	Irish residence permit. Permit must be valid at least three n	nonths after your departure from the Schengen area.		
Y	es 🗵 No Request for visa revocation	☐ Pending		
Requ	est for visa revocation is added at the Visa Application Centro	re, if needed.		
X Y	es No Other submission documents	☐ Pending		
Other	r submission documents are added at the Visa Application Ce	_		
Signatures I have understood that I (or my authorised representative) have to submit the above-mentioned documents to the Visa Application Centre. By signing this form, I hereby confirm that all the information stated in the documentation is true.				
Signature of the applicant / representative of the applicant				
For official use only (at the Visa Application Centre)				
		ned missing documents to the Visa Application Centre by the date mentioned ioned above, I accept by signing this form that the visa application will be ecision may be to my disadvantage.		
	I do not intend to submit the above-mentioned missing do I accept by signing this form that the visa application will be to my disadvantage.	ocuments to the Visa Application Centre. be examined without the requested documents and that the decision may be		
Signa	ature of the applicant / representative of the applicant	Signature of the submission officer		

APPLICATION ID:KPZKWKZJOKAPPLICANT:BANAGANI NAVEEN1/1