



Application for Schengen Visa

This application form is free

PHOTO

1. Surname (Family name) (x) RATTANASAWATESUN				For official use only Date of application: Visa application number: File handled by: Application lodged at: <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border	
2. Surname at birth (Former family name(s)) (x) LAOPRACHAWIT					
3. First name(s) (Given name(s)) (x) Tanupong					
4. Date of birth (day-month-year) 28/01/1994		5. Place of birth: SONGKHLA		7. Current nationality: Thai Nationality at birth, if different	
6. Country of birth: Thailand					
8. Sex <input checked="" type="checkbox"/> Male <input 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 1909800791914					
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 AB3480451		14. Date of issue 30/04/2019		15. Valid until 29/04/2024	
16. Issued by Thailand					
17. Applicant's home address and e-mail address 567/153 ONNUT ROAD, SUANLUANG 10250 BANGKOK Thailand tanupong.dip@gmail.com				Telephone number(s) +66875886949	
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 Employee					
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment. TRUE CORPORATION PUBLIC COMPANY LIMITED 18 TRUE TOWER, RATCHADAPHISEK ROAD, HUAI KHWANG 10310 BANGKOK Thailand 028582083					
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"/> Study <input type="checkbox"/> Medical reasons <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify):					

* The fields marked with * do not need to 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 in accordance with the data in the travel document.



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22. Member State(s) of destination France		23. Member State of first entry	
24. Number of entries requested <input checked="" type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries		25. Duration of the intended stay or transit Indicate number of days: 7	
26. Schengen visas issued during the past three years <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Dates(s) of validity/...../.....,/...../.....,/.....			
27. Fingerprints collected previously for the purpose of applying for a Schengen visa <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. 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 15/03/2020		30. Intended date of departure from the Schengen area 21/03/2020	
* 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). APPART HOTEL ODALYS LYON CONFLUENCE			
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s) 7 COURS BAYARD, 2E ARRONDISSEMENT 69002 LYON France confluence@odalys.fr			Telephone and telefax +33 4 78 82 49 02
* 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 checked="" type="checkbox"/> Credit card <input type="checkbox"/> Pre-paid accommodation <input type="checkbox"/> Pre-paid 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"/> Pre-paid transport <input type="checkbox"/> Other (please specify):	

* 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"/> dependant 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 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)⁽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, or 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 : [...].

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 be 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 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.

Registration receipt

On 02/02/2020, your information has been recorded by the France-Visas system.

Reference of the application : FRA1BK20207007505

Last name/s : RATTANASAWATESUN

First name/s: Tanupong

Birth date (MM/DD/YYYY): 01/28/1994



FRA1BK20207007505

REQUIRED SUPPORTING DOCUMENTS TO SUBMIT YOUR APPLICATION

The day of your appointment, thank you for coming with your passport or any other travel document (containing at least two consecutive blank pages) + copy of the identity page of this document and the latest visas obtained + Originals and copy of all documents listed below, translated into French / English or Spanish (if accepted by the visa centre).

Please note : if any of these documents are missing, this may lead to the non-issuance of the visa you have applied for. The visa center reserves the right to ask for further documentation and information.

PRE-REQUISITES

- ☐ Application form dated and signed
แบบฟอร์มการยื่นขอวีซ่า ระบุวันที่ พร้อมลงลายเซ็นช่องที่ 36 และ 37 รวมถึงช่องสุดท้ายทั้งสองช่องของใบสมัคร สำหรับผู้เยาว์, ลายเซ็นสำหรับผู้ปกครอง หรือ ผู้ที่มีอำนาจปกครองผู้เยาว์ตามกฎหมาย
- ☐ A travel document, issued less than 10 years ago, containing at least two blank pages, with a period of validity at least 3 months longer than the date on which you intend to leave the Schengen Area or, in the case of a long stay, at least three months longer than the expiry date of the visa requested.
- ☐ France-Visas receipt.
- ☐ ID photograph (The photo should be 35 mm wide and 45 mm high)
รูปถ่าย2ใบ มีรายละเอียดดังนี้ 1.พื้นหลังสีขาวขนาด3.5 ซม. x 4.5 ซม. 2. ถ่ายจากด้านหน้าโดยไม่สวมใส่สิ่งต่างๆบนใบหน้าหรือศีรษะ 3.ภาพถ่ายปัจจุบัน(ไม่เกิน6 เดือน) 4.ใบหูและคิ้วจะต้องปรากฏบนภาพถ่าย 5.ภาพถ่ายจะต้องครอบคลุมถึงศีรษะและด้านบนของหัวไหล่โดยต้องเห็นใบหน้า70-80% ของภาพอย่างชัดเจน
- ☐ If you are not a national of your country of residence: proof that you are legally resident in that country (e.g. residence permit)

PURPOSE OF TRAVEL/STAY

- ☐ If it is an organized trip: a certificate or voucher (original) from a travel agency or tour operator confirming the booking of a tour package
- ☐ Reservation of a return ticket or travel itinerary.

TRAVEL HEALTH INSURANCE

Travel health insurance certificate (cf FAQ)

☐

เอกสารประกันการเดินทาง (ตรวจสอบรายละเอียดในหัวข้อ คำถามที่พบ) ควรระบุพื้นที่ครอบคลุมว่า Shengen หรือ Worldwide เท่านั้น สำหรับเมื่อเดินทางเข้าเขตการปกครองโพ้นทะเลของประเทศฝรั่งเศส ประกันควรระบุเป็น Worldwide

หรือชื่อเขตการปกครองโพ้นทะเลอื่นๆ

2. ประกันภัยการเดินทางต้องครอบคลุมถึงค่ารักษาพยาบาลและการส่งตัวกลับ ซึ่งวงเงินประกันต้องมากกว่า 30,000 ยูโร (หรือประมาณ 1.5 ล้านบาท)

3. ประกันภัยการเดินทางต้องครอบคลุมตลอดระยะเวลาที่พำนักอยู่ที่ประเทศเขตเชง เกิน หรือเขตการปกครองโพ้นทะเลของประเทศฝรั่งเศส

ACCOMMODATION

☐

Attestation d'accueil (in case of accommodation at a private individual) or hotel reservation or lease agreement or certificate of ownership of real estate

FUNDS

☐

Bank statements for the last 3 months of the current account of the person concerned or of the Company, or 3 last payslips, or pension certificate indicating the monthly amount of the pension (+ compulsory translation in French)

SOCIO-PROFESSIONAL SITUATION

☐

If the applicant is an employee : proof of registration of the company and a certificate of employment, indicating the number of days of leave granted, the position held in the company and the monthly salary. If the applicant is self-employed : proof that she/he is the owner of the company (K31 -registration of the company). If the applicant is retired, proof of pension.

APPLICABLE VISA FEE

How much does my visa application cost? On the day of your appointment, you will have to pay the application fee of : 80 €, or about 2 676 BAHTs.

In the case where the submission of your application is made with a service provider, service fees will be collected.

*This amount is for informational purposes only. Certain individual cases may give rise to different prices, in accordance with applicable regulations.

What currency is accepted? What are the payment method types? Please read the Fees section after choosing the pages specific to your local. You will find information on the fees and, more generally, the most accurate information for your visa application.