## Harmonised application form (1)

## Application for Schengen Visa This application form is free.

Photo

1 Surname (Family name) (x)	FOR OFFICIAL USE ONLY			
2 Surname at birth (Former family na	Date of application:			
2. First areas (a) (0i, as a second (a)) (a)	Visa application number:			
3 First name(s) (Given name(s)) (x)				
4 Date of birth (day-month-year)	5 Place of birth		7 Current nationality	Application lodged at
	6 Country of birth		Nationality at birth, if different:	Embassy/consulate
	6 Country of birth			Service provider
8 Sex	9 Marital status Single Married S		Divorced Widow(er)	Commercial intermediary
Male Female	Border			
	Other (please specify)			
				Name:
10 In the case of minors: Surname, fir	st name, address (if different from	applicant's)	and nationality of parental authority/legal of	
				Other
				File handled by:
11 National identity number, where ap	pplicable			
12 Type of travel document				
]	omatic passport Service pas	sport	Official passport Special passport	Supporting documents:  Travel document
Other travel document (please	Means of subsistence			
				Invitation
				Means of transport
13 Number of travel document	14 Date of issue 15 Valid	until	16 Issued by	□тмі
				Other:
17 Applicant's home address and e-m	ail address	Т	elephone number(s)	
				Visa decision:
				Refused
18 Residence in a country other than	Issued.			
No	l□^ ∏c			
Yes. Residence permit or equi				
* 19 Current occupation	Valid:			
				From
* 20 Employer and employer's addres	 			
	Ontil			
21 Main purpose(s) of the journey:				
Tourism Busine	Number of entries:  1 2 Multiple			
Official visit				
Medical reasons	Number of days:			
StudyTransit				
L				

22 Member State(s) of destination	23 Member Sta	te of first entry						
24 Number of entries requested  Single entry Two entries  Multiple entries		the intended stay or transit nber of days						
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 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	to	)						
27 Fingerprints collected previously for the purpose of applying for	or a Schengen vis	sa						
□No □ Yes								
		Date, if known						
28 Entry permit for the final country of destination, where applicab								
Issued by Valid from  29 Intended date of arrival in the Schengen area		te of departure from the Schengen area						
29 Intended date of arrival in the Schengen area	50 intended dan	te of departure from the Schengerrarea						
* 31 Surname and first name of the inviting person(s) in the Membaccommodation(s) in the Member State(s)	ber State(s). If no	ot applicable, name of hotel(s) or temporary						
Address and e-mail address of inviting person(s)/hotel(s)/tempora	arv	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	lress of contact p	erson in company/organisation						
*33 Cost of travelling and living during the applicant's stay is cover	ered							
by the applicant himself/herself	by a sp	consor (host, company, organisation), please specify						
		referred to in field 31 or 32						
Means of support								
Cash	other (please specify)							
Traveller's cheques	Means of support							
Credit card	Cash							
Pre-paid accommodation Pre-paid transport	Accomr	modation provided						
Other (please specify)	All exp	enses covered during the stay						
Torrier (hiease sherrik)	Pre-pai	d transport						
	Other (	please specify)						
	1							

34 Personal data of the family member wh	o is an EU, EEA or CH	citizen					
Surname		First name(s)					
D. Citi	In a sa		<u> </u>				
Date of birth	Nationality		Number of travel document or ID card				
35 Family relationship with an EU, EEA or	CH citizen						
		grandchild	dependent ascendant				
36 Place and date	37 Signat	ture (for minors, signature of pa	rental authority/legal guardian)				
I am aware that the visa fee is not ref	funded if the vice is r	ofused					
Taill aware that the visa lee is not let	unded if the visa is i	erusea.					
Applicable in case a multiple-entry vis			, and any autopaguant visits to the	counitary of Mambar States			
I am aware of the need to have an ac	dequate traver medica	al insurance for my first stag	y and any subsequent visits to the t	erniory of Member States.			
I am aware of and consent to the follo the taking of fingerprints, are mandato							
application form, as well as my fingerp authorities, for the purposes of a decis			relevant authorities of the Member	States and processed by those			
Such data as well as data concerning entered into, and stored in the Visa In authorities and the authorities compet authorities in the Member States for the Member States are fulfilled, of identify determining responsibility for such example to Europol for the purpose of the	formation System (V tent for carrying out on the purposes of verify ring persons who do amination. Under cer prevention, detectior	IS) (1) for a maximum peric checks on visas at external ing whether the conditions not or who no longer fulfil the tain conditions the data will a and investigation of terrori	ed of five years, during which it will loorders and within the Member Stator the legal entry into, stay and respect conditions, of examining an aspecie be also available to designated aust offences and of other serious cri	be accessible to the visa ites, immigration and asylum sidence on the territory of the sylum application and of thorities of the Member States minal offences. The authority of			
the Member State responsible for produs@us.dk.	cessing the data is tr	ne Danish Immigration Serv	ice, Ryesgade 53, DK-2100 Copen	ınagen ∅, Denmark, e-maii:			
I am aware that I have the right to obtwhich transmitted the data, and to request the deleted. At my express request, the personal data concerning me and have The national supervisory authority of the mail: dt@datatilsynet.dk) will hear claim	uest that data relating authority examining the them corrected or that Member State (the state of the state)	ng to me which are inaccura g my application will inform deleted, including the relate the Danish Data Protection of	te be corrected and that data relation me of the manner in which I may ead remedies according to the nation	ng to me processed unlawfully xercise my right to check the nal law of the State concerned.			
I declare that to the best of my knowle application being rejected or to the an State which deals with the application	nulment of a visa alr						
I undertake to leave the territory of the one of the prerequisites for entry into that I will be entitled to compensation Code) and I am therefore refused entitled to the compensation code.	the European territor if I fail to comply with	ry of the Member States. The the relevant provisions of a	ie mere fact that a visa has been gr Article 5(1) of Regulation (EC) No 5	ranted to me does not mean 562/2006 (Schengen Borders			
Place and date		Signature (for minors, signature	e of parental authority/legal guardian):				
			, , ,				

(1) In so far as the VIS is operational