

Choose Country

List of Asian countries pop up

1. Surname (Family name):			
2. Surname at birth (Former family name(s)):			
3. First name(s) (Given name(s)):			
4. Date of birth (day-month-year):	5. Place of birth:	6. Country of birth:	7. Current nationality: Nationality at birth, if different: Other nationalities:
8. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	9. Civil status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Registered Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify):		
10. Parental authority (in case of minors) /legal guardian (surname, first name, address, if different from applicant's, telephone no., e-mail address, and nationality):			
11. National identity number, where applicable:			
12. Type of travel document: <input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diploma c 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	14. Date of issue:	15. Valid until:	16. Issued by document: (country):
17. Personal data of the family member who is an EU, EEA or CH citizen if applicable			
Surname (Family name):		First name(s) (Given name(s)):	
Date of birth (day-month-year):	Nationality:		Number of travel document or ID card:
18. Family relationship with an EU, EEA or CH citizen if applicable: <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant <input type="checkbox"/> Registered Partnership <input type="checkbox"/> other:			
19. Applicant's home address and e-mail address:			Telephone no.:
20. Residence in a country other than the country of current nationality: <input type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent No Valid until			
* 21. Current occupation:			
* 22. Employer and employer's address and telephone number. For students, name and address of educational establishment:			
23. Purpose(s) of the journey: <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visi ng 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"/> Airport transit <input type="checkbox"/> Other (please specify):			
24. Additional information on purpose of stay:			
25. Member State of main destination (and other Member States of destination, if applicable):		26. Member State of first entry:	

27. Number of entries requested: <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries Intended date of arrival of the first intended stay in the Middle East area: _____ Intended date of departure from the Middle East after the first intended stay: _____	
28. Fingerprints collected previously for the purpose of applying for a Schengen visa: <input type="checkbox"/> No <input type="checkbox"/> 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). 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 no.:
* 31. Name and address of inviting company/organisation:	
Surname, first name, address, telephone no., and e-mail address of contact person in company/organisation:	Telephone no. of company/organisation:
* 32. Cost of travelling and living during the applicant's stay is covered:	
<input type="checkbox"/> by the applicant himself/herself <input type="checkbox"/> by a sponsor (host, company, organisation) Means of support: <input type="checkbox"/> referred to in field 30 or 31 <input type="checkbox"/> other (please specify): <input type="checkbox"/> Cash specify): <input type="checkbox"/> Traveller's cheques Means of support: <input type="checkbox"/> Credit card <input type="checkbox"/> Cash <input type="checkbox"/> Pre-paid accommodation <input type="checkbox"/> Accommodation provided <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Other	on), please specify: (please specify): <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify):
<p><i>I am aware that the visa fee is not refunded if the visa is refused.</i></p> <p><i>Applicable in case a multiple-entry visa is applied for:</i> <i>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></p> <p><i>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.</i></p> <p><i>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</i></p>	
Place and date:	Signature: (signature of parental authority/ legal guardian, if applicable):