

Choose Country

List of Middle East 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"/> 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	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"/> Visiting 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 <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):
<i>I am aware that the visa fee is not refunded if the visa is refused.</i>	
Place and date:	Signature: (signature of parental authority/ legal guardian, if applicable):