



Harmonised application form  
**Application for Schengen Visa**

This application form is free

Family members of EU, EEA or CH citizens or of UK nationals who are Withdrawal Agreement beneficiaries shall not fill in fields no.21, 22, 30, 31 and 32 (marked with\*).

Fields 1-3 shall be filled in accordance with the data in the travel document.

1. Surname (Family name) MD				<b>FOR OFFICIAL USE ONLY</b> Date of application: Application number: Application lodged at: <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border (Name) .... .... <input type="checkbox"/> Other:
2. Surname at birth (Former family name(s))				File handled by: Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> TMI <input type="checkbox"/> Means of transport <input type="checkbox"/> Other:
3. First name(s) (Given name(s)) NAHID HASAN SAGOR				
4. Date of birth (day-month-year) 11-06-2000		5. Place of birth CHANDPUR 6. Country of birth BANGLADESHI		7. Current nationality BANGLADESHI Nationality at birth, if different N/A Other nationalities
8. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		9. Civil status <input checked="" 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) BORHAN UDDIN, CHANDPUR-BANGLADESH, 017410103363, NAHID0189840982@GMAIL.COM, BANGLADESHI				
11. National identity number, where applicable NAHID1234567				
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 TEST NAHID 12345		14. Date of issue 01-01-2022		15. Valid until 30-12-2023
16. Issued by (country) BANGLADESHI				
17. Personal data of the family member who is an EU, EEA or CH citizen or an UK national who is a Withdrawal Agreement beneficiary, if applicable Surname (Family name) PENDING NAHID		First name(s) (Given name(s)) PENDING F NAME		
Date of birth (day month year) 22-02-2000		Nationality PAKISTANI		Number of travel document or ID card PAKISTHAN NAHID 239U9
18. Family relationship with an EU, EEA or CH citizen or an UK national who is a Withdrawal Agreement beneficiary, if applicable <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Dependent ascendant <input checked="" type="checkbox"/> Registered Partnership <input type="checkbox"/> Other (please specify): .....				
19. Applicant's home address and e-mail address ADDRESS:CHANDPUR; EMAIL:NAHIDHASAN.OPT@GMAILCOM			Telephone no. 017410103363	
20. Residence in a country other than the country of current nationality <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Resident permit or equivalent HELLO TEST PERMIT ..... No NO RES 2934 Valid until 08-08-2024				
*21. Current occupation <b>DEVELOPER</b>				
*22. Employer and employer's address and telephone number. For students, name and address of educational establishment. DEVELOPER AT DEWAN ICT, MOTOBANGLA MIRPUR 1 DHAKA 1216 BANGLADESH , 908304808R80QW				
23. 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"/> Medical reasons <input type="checkbox"/> Study <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify): .....				

<sup>1</sup> No logo is required for Norway, Iceland, Liechtenstein and Switzerland.

24. Additional information on purpose of stay		FOR OFFICIAL USE ONLY
<b>TOUR</b>		
25. Member State of main destination (and other Member States of destination, if applicable)	26. Member state of first entry	
MEMBER STATE OF BD	1	
27. Number of entries requested		
<input checked="" 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 Schengen area: 2023-09-23		
Intended date of departure from the Schengen area after the first intended stay: 2023-09-30		
28. Fingerprints collected previously for the purpose of applying for a Schengen visa		
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Date if known 15-09-2023 ..... Visa sticker number, if known VISA 12345 .....		
29. Entry permit for the final country of destination, where applicable		
Issued by BANGLADESH ..... Valid from 2023-02-22 ..... until 2023-11-23 .....		
*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)		
TEST SURNAME AND FIRST NAME OF THE INVITING		
Address and e-mail address of inviting person(s)/hotel(s) temporary accommodation(s)	Telephone no.	
TEST SURNAME AND FIRST NAME OF THE INVITING	01TESTINVITE	
*31. Name and address of inviting company/organisation	Telephone no. of company/organisation	
TESTORG NUM 1234	E3R32424 COMPANY	
*Surname, first name, address, telephone no. and e-mail address of contact person in company/organisation NAHID HASAN HELLO,9834958238,NAHIDHASAN141400@GMAIL.COM		
*32. Cost of traveling 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), please specify  Means of support <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Traveler's cheques <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> referred to in field 30 or 31  Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Prepaid transport <input type="checkbox"/> 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 State.

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 Swedish Migration Agency, 601 70 Norrköping, Sweden, www.migrationsverket.se.

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 (Swedish Authority for Privacy Protection, Box 8114, 104 20 Stockholm, Sweden, www.imy.se) 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)
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