

Application for Schengen Visa

Photo

This application form is free

1. Surname(s) (family name(s))	FOR EMBASSY / CONSULATE USE ONLY			
2. Surname(s) at birth (earlier family na	Date application :			
3. First names (given names)	1			
4. Date of birth (year-month-day)		5. ID-number (optional)	File handled by :	
6. Place and country of birth	Supporting documents:			
7. Current nationality/ies		B. Original nationality (national	Valid passport Financial means	
9. Sex Male Female		0. Marital status : Single Married Sep Widow(er) Other	Invitation Means of transport Health insurance Other:	
11. Father's name		2. Mother's name]	
	assport Oth	-		
* 20. Employer and employer's address	Visa: Refused			
20. Employer and employer studeness	Granted			
21. Main destination	22. Type of ☐ Airport tr stay ☐ Lo	ransit 🗆 Transit 🗆 Short	Characteristics of Visa : LTV A B C D D+C	
24. Number of entries requested	Aultiple entries	25. Duration of stay	<u> </u>	Number of entries:
26. Other visas (issued during the past t	1 2 Multiple			
27. In the case of transit, have you an en No Yes, valid until:	Valid from			
* 28. Previous stays in this or other Sch	Valid for :			

^{*} The questions marked with * do not have to be answered by family members of EU or EEA citizens (spouse, child or dependent ascendant). Family members of EU or EEA citizens have to present documents to prove this relationship.

29. Purpose of travel Tourism Business Visit to Family of Other (please specify):				Medical reasons	FOR EMBASSY / CONSULATE USE ONLY
Other (piease specify).				•••••	
* 30. Date of arrival	* 31. I	Date of departure			
* 32. Border of first entry or transit route	33. Me	33. Means of transport			
* 34. Name of host or company in the Schengen of hotel or temporary address in the Schengen s		oers on in host con			
Name	Telepho	ne and telefax			
Full address	e-mail address				
* 35. Who is paying for your cost of travelling a Myself Host person/s Host compandocumentation):	y. (State who and	how and present	correspondi	ing	
* 36. Means of support during your stay Cash Travellers' cheques Credit card	s Accommodat	on Other:			
Travel and/or health insurance. Valid until					
Travel and of hearth insurance. Valid until					
37. Spouse's family name	h				
39. Spouse's first name	40. Spouse's date	of birth 4	11. Spouse's	place of birth	
42. Children (Applications must be submitted ser Name 1 2 3	First n	ame		te of birth	
43. Personal data of the EU or EEA citizen you of EU or EEA citizens.	depend on. This qu	estion should be a	nswered onl	y by family members	
Name					
Date of Birth	Nationality	L	Nui	mber of passport	
Family relationship :	l		<u> </u>		
		of an	EU or EEA	citizen	
44. I am aware of and consent to the following: a will be supplied to the relevant authorities in the purposes of a decision on my visa application. Su authorities in the various Schengen states. At my express request, the consular authority prexercise, via the central authority of the state which them altered or deleted, in particular, should they be I declare that to the best of my knowledge all particular am aware that any false statements will lead to and may also render me liable to prosecution unde I undertake to leave the territory of the Schengen s I have been informed that possession of a visa is Schengen states. The mere fact that a visa has bee to comply with the relevant provisions of Article The prerequisites for entry will be checked again of 45. Applicant's home address	Schengen states and the data may be input the data, my be inaccurate, in according supplication being repeated by my application being repeated by the states upon the expire only one of the prengranted to me does 5.1 of the Schengen	d processed by the into, and stored in ation may inform right to check the predance with the na e are correct and corrected or to the nagen state which do of the visa, if granter requisites for entronouncement and I wil Implementing Corrected in the corrected of the visa, if granter requisites for entronouncement and I wil Implementing Corrected in the corrected of the visa, if granter requisites for entronouncement and the corrected of the cor	me of the nersonal data cional law of omplete. annulment of eals with the ted. If the entitled to evention and	es, if necessary, for the coessible to the relevant manner in which I may concerning me and have the state concerned. If a visa already granted application. Iropean territory of the to compensation if I fail am thus refused entry.	
47. Place and date					