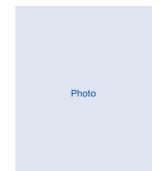


## **Application for Schengen Visa**

This application form is free.



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*	*	
**	* *	

1 Surname (Family name) (x)					For official use only
2 Surname at birth (Former family name(s)) (x)				Date of application:	
3 First name(s) (Given name(s)) (x)					Visa application number:
4 Date of birth (Day-Month-Year)	5 Place of birth		7 Current nation	ality:	File handled by:
	6 Country of birth		Nationality at	birth, if different:	Application lodged at:
8 Sex 9 Marital status Separated Divorced Widow(er) Other (please specify):					Embassy/consulate CAC Service provider Commercial intermediary
10 In the case of minors: Surname, t	irst name, address (if differe	ent from applicant's) and n	ationality of paren	tal authory/legal guardian	Border Name:
					Other: Supporting documents: Travel document
11 National identity number, where applicable					Means of subsistence Invitation
12 Type of travel document  Ordinary passport  Diplomatic passport  Service passport  Official passport  Special passport  Other travel document (please specify):					Means of transport TMI Other: Visa decision:
	Date of issue	15 Valid until	16 Issu	ied by	Refused Issued:
17 Applicant's home address, e-ma	I address		Telepho	one number(s)	A C LIV
					☐ Valid
18 Residence in a country other than the country of current nationality					From
No Yes. Residence permit or equivalent No Valid until					Until
*19 Current occupation					Number of entries:
*20 Employer and employer's address	s and telephone number. Fo	or students, name and add	dress of education	al establishment.	Number of days:
21 Main purpose(s) of the journey:  Tourism Business	Cultural Sports	Medical reasons Vi	siting family or frie	ends	
Official visit					

22 Member State(s) of destination	23 Member State of first entry	
24 Number of entries requested	25 Duration of the intended stay or transit Indicate number of days	
Single entry Two entries	indicate number of days	
Multiple entries		
The fields marked with * shall not be filled in by family members to free movement. Family members of EU, EEA or CH citizens s	of EU, EEA or CH citizens (spouse, child or dependent ascend hall present documents to prove this relationship and fill in field	dant) while exercising their right ds N° 34 and 35.
(x) Fields 1–3 shall be filled in accordance with the data in the tra	avel document.	
26 Schengen visas issued during the past three years		
No		
	to	
27 Fingerprints collected previously for the purpose of applying for a No Yes	a Schengen visa	
INO LITES		
	Date, if known	
28 Entry permit for the final country of destination, where applicable		
Issued by Valid from	until	
29 Intended date of arrival in the Schengen area	30 Intended date of departure from the Schengen area	
tot O		
*31 Surname and first name of the inviting person(s) in the Member Saccommodation(s) in the Member State(s)	state(s). If not applicable, name of notel(s) or temporary	
Address and e-mail address of inviting person(s)/hotel(s)/temporary	Telephone and telefax	
accommodation(s)		
too Name and address of inviting a common familiar	Telephone and telefax of company	
*32 Name and address of inviting company/organisation	relephone and telerax of company	
Surname, first name, address, telephone, telefax and e-mail address	s of contact person in company/organisation	
too o at a face allies and links a decide at the combination of	4	
*33 Cost of travelling and living during the applicant's stay is covered		
_	_	
by the applicant himself/herself	by a sponsor (host, company, organisation), please specify	
Means of support:	referred to in field 31 or 32	
means of support.		
Cash	other (please specify)	
Traveller's cheques		
Credit card	Means of support  Cash	
Prepaid accommodation	Accommodation provided	
Prepaid transport		
Other (please specify)		
Curior (piecase specify)	Prepaid transport	
	Other (please specify)	

34 Personal data of the family member who	is an EU, EEA or CH ci	tizen		
Surname		First name(s)		
Surraine		T iist Hame(s)		
Date of birth	Nationality		Number of travel document or ID card	
35 Family relationship with an EU, EEA or C	CH citizen			
spouse child		grandchil	d dependent ascendant	
36 Place and date		37 Signature (for m guardian)	inors, signature of parental authority/legal	
I am aware that the visa fee is not reful	nded if the visa is refu	used.		
Applicable in case a multiple-entry visa	a is applied for (cf. fie	eld No. 24):		
I am aware of the need to have an ade	quate travel medical	insurance for my fi	rst stay and subsequent visits to the te	erritory of Member States.
I am aware of and consent to the fol applicable, the taking of fingerprints, a on the visa application form, as well a processed by those authorities, for the	are mandatory for the as my fingerprints an	e examination of the nd my photograph	e visa application; and any personal da will be supplied to the relevant author	ata concerning me which appear
Such data as well as data concerning entered into, and stored in the Visa In authorities and the authorities compete authorities in the Member States for the Member States are fulfilled, of ider determining responsibility for such exar and to Europol for the purpose of the pof the Member State responsible for predex 02 - France	oformation System (Vent for carrying out of the purposes of verify atifying persons who mination. Under certa prevention, detection	(IS) (1) for a maxim hecks on visas at e ying whether the co do not or who no lo ain conditions the d and investigation of	num period of five years, during which xternal borders and within the Member onditions for the legal entry into, stay onger fulfil these conditions, of examin ata will be also available to designated of terrorist offences and of other seriou	it will be accessible to the visa States, immigration and asylum and residence on the territory of ing an asylum application and of authorities of the Member States is criminal offences. The authority
I am aware that I have the right to obt State which transmitted the data, and unlawfully be deleted. At my express to check the personal data concerning State concerned. The national supervi 75083 Paris cedex 02 - France) will he	to request that data request, the authority g me and have them sory authority of that	relating to me white rexamining my appropriected or delet t Member State (C	ch are inaccurate be corrected and that olication will inform me of the manner ed, including the related remedies accommission Nationale de l'Informatique	at data relating to me processed in which I may exercise my right cording to the national law of the
I declare that to the best of my knowle my application being rejected or to the State which deals with the application.	annulment of a visa		correct and complete. I am aware that y may also render me liable to prosecut	
I undertake to leave the territory of the one of the prerequisites for entry into t that I will be entitled to compensation (Code) and I am therfore refused entry	he European territory If I fail to comply with	of the Member Start the relevant provis	ates. The mere fact that a visa has bee	n granded to me does not mean lo. 562/2006 (Schengen Borders
Place and date		Signature (for minor	s, signature of parental authority/legal guard	lian)