



Application for Schengen Visa

This application form is free

PHOTO

1. Surname (Family name) (x) LI				FOR OFFICIAL USE ONLY Date of application : Application number : FRA1NY20237023351 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 : 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 : Visa decision : <input type="checkbox"/> Refused <input type="checkbox"/> Issued : <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LTV <input type="checkbox"/> Valid : From : Until : Number of entries : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple Number of days :	
2. Surname at birth (Former family name(s)) (x)					
3. First name(s) (Given name(s)) (x) Jingjiang					
4. Date of birth (day-month-year) 08/12/1987		5. Place of birth : BEIJING		7. Current nationality : Chinese	
		6. Country of birth : China		Nationality at birth, if different : Other nationalities :	
8. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		9. Marital Status <input type="checkbox"/> Single <input checked="" 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 : 1					
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 : 1		14. Date of issue : 17/04/2019		15. Valid until : 16/04/2029	
				16. Issued by (country) : China	
17. Personal data of the family member who is a European Union, EEA or Swiss Confederation citizen or is a United Kingdom citizen beneficiary of the withdrawal agreement, if applicable :					
Surname (Family name) :			First names (s) (Given name(s)) :		
Date of birth (day-month-year) :		Nationality :		Number of travel document or ID card :	



18. Family relationship with an European Union, EEA or Swiss Confederation citizen, or with United Kingdom citizen beneficiary of the withdrawal agreement, if applicable :

☐ spouse ☐ child ☐ grandchild ☐ dependent ascendant

☐ Registered Partnership ☐ other :

19. Applicant's home address and e-mail address :

65 VIRGINIA DR
11030 MANHASSET
United States of America
ljjlj2948@gmail.com

Telephone no. :

3472851966

20. Residence in a country other than the country of current nationality :

☐ No

☒ Yes. Residence permit or equivalent No ..205545313 Valid until ..01/12/2027.....

*21. Current occupation :

Computer engineer

*22. Employer and employer's address and telephone number. For students, name and address of educational establishment :

VALUE LINE INC
551 5TH AVE
10176 NEW YORK United States of America
(800) 531-1425

23. Purpose(s) of the journey :

☒ Tourism ☐ Business ☐ Visiting family or friends ☐ Cultural ☐ Sports ☐ Official visit
☐ Medical reasons ☐ Study ☐ Airport transit ☐ Other (please specify) :

24. Additional information on purpose of stay :

25. Member State of main destination (and other Member States of destination, if applicable) :

France

26. Member State of first entry :

27. Number of entries requested :

☐ Single entry ☐ Two entries ☒ Multiple entries

Intended date of arrival of the first intended stay in the Schengen area : 20/12/2023

Intended date of departure from the Schengen area after the first intended stay : 31/12/2023

28. Fingerprints collected previously for the purpose of applying for a Schengen visa : ☐ No ☒ Yes.

Date, if known..... Visa sticker number, if known..... ISL000076654.....

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) :

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Address and e-mail address of inviting person(s) / hotel(s) / Temporary accommodation(s) : AUVERGNE-RHONE-ALPES 73440 VAL THORENS France welcome@beaumier.com		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 checked="" type="checkbox"/> by the applicant himself/herself Means of support <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Traveller's cheques <input checked="" type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Pre-paid accommodation <input checked="" type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify) :	<input type="checkbox"/> by a sponsor (host, company, organisation), Please specify : <input type="checkbox"/> referred to in field 30 or 31 <input type="checkbox"/> other (please specify) : Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Pre-paid 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 States.

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 visa application; and any personal data concerning me which appear on the visa 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 visa 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 authorities responsible for processing the data are : Ministère de l'Intérieur (Place Beauvau - 75800 Paris CEDEX 08) and Ministère de l'Europe et des Affaires Etrangères (27 rue de la Convention – 75732 PARIS Cedex 15).

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 State concerned. The national supervisory authority of that Member State [Commission Nationale de l'Informatique et des Libertés - 3 Place de Fontenoy - TSA 80715 - 75334 PARIS CEDEX 07] 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 (EC) No 399/2016 (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 (for minors, signature of parental authority / legal guardian)

Family members of EU, EEA, Swiss Confederation, or United Kingdom citizen beneficiary of the withdrawal agreement, should not complete boxes 21, 22, 30, 31 and 32 (marked with an *).

(x) The data in boxes 1 to 3 must correspond to the data on the travel document



France-Visas

The official website for visa application to France

Registration receipt

On 29/08/2023, your information has been recorded by the France-Visas system.

Reference of the application : FRA1NY20237023351

Last name/s : LI

First name/s: Jingjiang

Birth date (DD/MM/YYYY): 08/12/1987



FRA1NY20237023351

REQUIRED SUPPORTING DOCUMENTS TO SUBMIT YOUR APPLICATION

The day of your appointment, thank you for coming with originals and copy of all documents listed below, translated into French / English or Spanish (if accepted by the visa center)*.

If you are a student and have scanned all your supporting documents, please bring the originals of the documents listed below only.

FORMS

- ☐ Signed and dated application form
- ☐ Receipt France-Visas

PRE-REQUISITES

- ☐ A travel document, issued less than 10 years ago, containing at least two blank pages, with a period of validity at least 3 months longer than the date on which you intend to leave the Schengen Area or, in the case of a long stay, at least three months longer than the expiry date of the visa requested. Be sure to transmit (scan) ALL PAGES of your travel document containing visas, entry and exit stamps or any other inscription.
- ☐ ID photograph.
- ☐ If you are not a US citizen, please provide proof of your legal status (green card, visa and I94 or endorsed I20 for F1 visa holders or endorsed DS2019 for J1 visa holders. The "travel endorsement" signature is valid for one year and must not expire before the date of return to the USA).
- ☐ If you have an official travel document, a note verbale is required.

PURPOSE OF TRAVEL/STAY

- ☐ Document describing the planned programme (letter of presentation, reservation confirmation of an organised trip).
- ☐ Pre-booked round-trip ticket.

SOCIO-PROFESSIONAL SITUATION

☐

Letter from the employer or proof of business ownership / business license (if self employed). If retired, pension certificate. If student, certificate of enrollment.

FUNDS

☐

Copies of bank statements for the last three months (with the name and address of the account holder(s), printed copies from online accounts are accepted) and copies of pay stubs from the last 3 months, or last year's income tax return or proof of prior economic activity and income during previous fiscal year, or proof of pension.

ACCOMMODATION

☐

"Attestation d'accueil" (in case of accommodation by a private individual) or hotel reservation or certificate of ownership of real estate or lease agreement.

TRAVEL HEALTH INSURANCE

☐

Travel health insurance certificate issued by an insurance company (covering any possible costs for medical repatriation, costs related to medical and emergency hospital treatment, for a minimum amount of €30,000, valid for the entire the Schengen area or for the French Overseas Territories depending on your main destination. A copy of your American health insurance card is not an acceptable proof of adequate coverage).

APPLICABLE VISA FEE

On the day of your appointment, you will have to pay the application fee of : 80 €**, or about 87 US DOLLAR.

What currency is accepted? What are the payment method types? Please read the Fees section after choosing the pages specific to your local. You will find information on the fees and, more generally, the most accurate information for your visa application. In the case where the submission of your application is made with a service provider, service fees will be collected.

* Please note : if any documents are missing, this may lead to the non-issuance of the visa you have applied for. The visa center reserves the right to ask for further documentation and information.

** This amount is for informational purposes only. Certain individual cases may give rise to different prices, in accordance with applicable regulations.