

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:
2 Finat managal (Circum managal) (v)	Visa application number:					
3. First name(s) (Given name(s)) (x)	Application lodged at					
4. Date of birth (day-month-year)	5. Place of birth6. Country of birth			7. Current National	nationality ity at birth, if different:	☐ Embassy/consulate ☐ CAC ☐ Service provider
8. Sex	9. Marital status			Commercial intermediary		
☐ Male ☐ Female		☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow(er)			□ Border	
	Other (please specify)			Name:		
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian						☐ Other
						File handled by:
11. National identity number, when	re applical	ole				Supporting documents:
12. Type of travel document						☐ Travel document
☐ Ordinary passport ☐ Diplo	omatic pas	sport Servi	ice passport	☐ Official pas	sport Special passport	☐ Means of subsistence
Other travel document (ple			1 1	- :	. —	☐ Invitation
		a .				Means of transport
13. Number of travel document	4. Date of issue		15. Valid u	ntil	16. Issued by	TMI
						Other:
17. Applicant's home address and	e-mail add	ress	Tel	ephone numbe	er(s)	Visa decision:
						☐ Refused
18. Residence in a country other to	nan the co	ountry of curre	ent nationalit	y		☐ Issued:
□ No	□ A					
Yes. Residence permit or ed	C LTV					
* 19. Current occupation	☐ Valid					
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.						Until
						Number of entries:
21. Main purpose(s) of the journey:						☐ 1 ☐ 2 ☐ Multiple
☐ Tourism ☐ Business ☐ Visiting family or friends ☐ Cultural ☐ Sports ☐ Official visit					Number of days:	
☐ Medical reasons						
☐ Study ☐ Transit ☐ Airpo						

22. Member State(s) of destination		per State of first entry				
24. Number of entries requested	25. Duration of the intended stay or transit					
☐ Single entry ☐ Two entries		ate number of days				
☐ Multiple entries						
The fields marked with * shall not be filled in by family their right to free movement. Family members of EU, EEA 35.	members o or CH citiz	f EU, EEA or CH citizens (spouse, child or dep- ens shall present documents to prove this relati	endent ascendant) while exercising onship and fill in fields No 34 and			
(x) Fields 1-3 shall be filled in in accordance with the da	nta in the t	ravel document.				
26. Schengen visas issued during the past three years						
□ No						
Yes. Date(s) of validity from		to				
27 Figure 1 and 1 a	· 1 · (
27. Fingerprints collected previously for the purpose of	applying f	or a Schengen visa				
□ No □ Yes						
	•••••	Date, if known				
28. Entry permit for the final country of destination, w	here applic	able				
Issued by						
value from						
29. Intended date of arrival in the Schengen area	29. Intended date of arrival in the Schengen area 30. Intended date of departure from the Schengen area					
* 31. Surname and first name of the inviting person(s) is or temporary accommodation(s) in the Member S		ber State(s). If not applicable, name of hotel(s)				
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s) Telephone and telefax						
* 32. Name and address of inviting company/organisati	on	Telephone and telefax of company/organisation				
Surname, first name, address, telephone, telefax, and e-	mail addres	s of contact person in company/organisation				
* 33. Cost of travelling and living during the applicant	's stay is co	overed				
□ by the applicant himself/herself	☐ by a specif	sponsor (host, company, organisation), please				
		referred to in field 31 or 32				
,		other (please specify)				
☐ Traveller's cheques Means of		support				
☐ Credit card ☐ Cas						
☐ Prepaid accommodation ☐ A		nmodation provided				
☐ Prepaid transport		spenses covered during the stay				
Other (please specify)		id transport				

☐ Prepaid transport ☐ Other (please specify)

34. Personal data of the family r	nember who is	an EU, EEA or CH	citizen			
Surname First name(s)						
Suriane						
Date of birth	Nationality		Number of travel document or ID card			
•	35. Family relationship with an EU, EEA or CH citizen					
spouse child grandchild dependent ascendant						
		37. Signature (for guardian)	nature (for minors, signature of parental authority/legal rdian)			
		1				
I am aware that the visa fee is n	ot refunded if t	the visa is refused.				
Applicable in case a multiple-enti	ry visa is applie	ed for (cf. field No 2	4):			
I am aware of the need to have a	ın adequate trav	rel medical insurance	for my first stay ar	nd 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) (¹) 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: []. 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						
Place and date			Signature (for minors, s	ignature of parental autho	ority/legal guardian):	

(1) In so far as the VIS is operational.