



VURN: BPEDDWQKOK



Harmonised application form
Application for Schengen Visa

This application form is free

(1)

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 in accordance with the data in the travel document.

Photo

<p>1. Surname (Family name): THENNASSERIL THAMPI</p> <p>2. Surname at birth (Former family name(s)): THENNASSERIL THAMPI</p> <p>3. First name(s) (Given name(s)): GEEVAR</p> <p>4. Date of birth (day-month-year): 13-05-1995</p> <p>5. Place of birth: TRIPUNITHURA KERALA</p> <p>6. Country of birth: INDIA</p> <p>7. Current nationality: INDIA</p> <p>Nationality at birth, if different: INDIA</p> <p>Other nationalities:</p>				FOR OFFICIAL USE ONLY						
<p>8. Sex:</p> <p><input checked="" type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Other</p> <p>9. Civil status:</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Single</p> <p><input checked="" type="checkbox"/> Married</p> <p><input type="checkbox"/> Widow Or Widower</p> <p><input type="checkbox"/> Registered Partnership</p> <p><input type="checkbox"/> Other (please specify):</p> <p><input type="checkbox"/> Separated</p>				<p>Date of application:</p> <p>Application number:</p> <p>Application lodged at:</p> <p><input type="checkbox"/> Embassy/consulate</p> <p><input type="checkbox"/> Service Provider</p> <p><input type="checkbox"/> Commercial intermediary</p> <p><input type="checkbox"/> Border (Name):</p> <p>-----</p> <p><input type="checkbox"/> Other:</p> <p>File handled by:</p> <p>Supporting documents:</p> <p><input type="checkbox"/> Travel document</p> <p><input type="checkbox"/> Means of subsistence</p> <p><input type="checkbox"/> Invitation</p> <p><input type="checkbox"/> TMI</p> <p><input type="checkbox"/> Means of transport</p> <p><input type="checkbox"/> Other:</p> <p>Visa decision:</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Issued</p> <p><input type="checkbox"/> A</p> <p><input type="checkbox"/> C</p> <p><input type="checkbox"/> LTV</p> <p><input type="checkbox"/> Valid:</p> <p>From:</p> <p>Until:</p> <p>Number of entries:</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple</p> <p>Number of days:</p>						
13. Number of travel document: C3260515	14. Date of issue: 20-09-2024	15. Valid until: 19-09-2034	16. Issued by (country): INDIA							
<p>17. Personal data of the family member who is an EU, EEA or CH citizen or a UK national who is a Withdrawal Agreement beneficiary, if applicable</p> <table border="1"> <tr> <td colspan="2">Surname (Family name):</td> <td>First name(s) (Given name(s)):</td> </tr> <tr> <td>Date of birth (day-month-year):</td> <td>Nationality:</td> <td>Number of travel document or ID card:</td> </tr> </table>					Surname (Family name):		First name(s) (Given name(s)):	Date of birth (day-month-year):	Nationality:	Number of travel document or ID card:
Surname (Family name):		First name(s) (Given name(s)):								
Date of birth (day-month-year):	Nationality:	Number of travel document or ID card:								
<p>18. Family relationship with an EU, EEA or CH citizen or a UK national who is a Withdrawal Agreement beneficiary, if applicable:</p> <p><input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Dependent ascendant <input type="checkbox"/> Registered partnership</p> <p><input type="checkbox"/> Other:</p>										
19. Applicant's home address and e-mail address: 95B KEIGHTLEY ROAD, NEAR KEIGHTLEY ROAD POSTOFFICE, LE39LQ LEICESTER, UNITED KINGDOM			<p>Telephone no.:</p> <p>+447917779022</p> <p>GEEVARTTHAMPI1995@GMAIL.COM</p>							

20. Residence in a country other than the country of current nationality:		
<input type="checkbox"/> No	No. SLJ 98N 6NS	Valid until 03-04-2028
<input checked="" type="checkbox"/> Yes. Residence permit or equivalent		
*21. Current occupation: Others : PRODUCTION OPERATIVE		
*22. Employer and employer's address and telephone number. For students, name and address of educational establishment: GEARY'S BAKERIES LTD GETINTOUCH@GEARYSBAKERIES.CO.UK 01509817733 UNIT D OPTIMUS WAY , GLENFIELD LE3 8JR LEICESTER UNITED KINGDOM		
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"/> Official visit <input type="checkbox"/> Medical reasons <input type="checkbox"/> Sports <input type="checkbox"/> Study <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify):		
24. Additional information on purpose of stay:		
25. Member State of main destination (and other Member States of destination, if applicable): Finland		26. Member State of first entry: Finland
27. Number of entries requested: <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input checked="" type="checkbox"/> Multiple entries		
Intended date of arrival of the first intended stay in the Schengen area: 17-01-2026		Intended date of departure from the Schengen area after the first intended stay: 20-01-2026
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 27-09-2022 Visa sticker number, if known MLT 000686083		
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): ROVANIEMI CITY SUITE		
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s): VALTAKATU 36, 96200 ROVANIEMI, FINLAND, 5262507675-SWR6.D8P8.SVGA. DH3J@PROPERTY.BOOKING.COM		Telephone no.: +358504029696
*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 <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 checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> Credit card <input checked="" type="checkbox"/> Prepaid accommodation <input checked="" type="checkbox"/> Prepaid transport <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Cash <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify):		
33. Surname and first name of the person filling in the application form, if different from the applicant: Address and email address of the person filling in the application form: Telephone No:		

I am aware that the visa fee is not refunded if the visa is refused.

Applicable in case a multiple-entry visa is issued:

I am aware of the need to have 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 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 Ministry for Foreign Affairs of Finland.

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 [contact details: The Office of the Data Protection Ombudsman in Finland (www.tietosuoja.fi/en)] 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) 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):

△ Missing documents may negatively affect the visa decision.		For official use only
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Visa application form with a photograph	<input type="checkbox"/> Pending
Schengen visa application form shall be duly completed, dated and signed by the applicant. Please check the visa application photo requirements on the website https://www.icao.int/Security/mrtd/Downloads/Technical%20Reports/Annex_A-Photograph_Guidelines.pdf .		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Travel document	<input type="checkbox"/> Pending
The travel document must be valid for a minimum of three (3) months after the planned journey, issued within the previous 10 years and have at least two (2) blank pages. A travel document with corrected name details will not be accepted.		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Travel medical insurance	<input type="checkbox"/> Pending
Travel medical insurance must be valid for the duration of travel and cover the entire Schengen area. An applicant for a multiple-entry visa may provide an insurance policy, which is valid during the first trip. The minimum coverage of the policy must be 30 000 (thirty thousand) euros. The policy has to cover costs in case of sudden illness or accident and assistance on site, including the costs of medical repatriation to the place of permanent residence of the insured person or the repatriation in case of death.		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Proof of itinerary	<input type="checkbox"/> Pending
If visiting several countries within one trip, a travel schedule, which includes all the countries to be visited.		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Transport reservations	<input type="checkbox"/> Pending
Proof of reserved return ticket(s) or proof of onward travel (if not returning to the United Kingdom), such as authorisation of entry into the country of destination, confirmed overseas ticket, proof of sufficient means to cover such costs.		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Proof of accommodation	<input type="checkbox"/> Pending
<ul style="list-style-type: none"> - Proof of accommodation or of sufficient means to cover the costs of accommodation. If relevant, such proof may be given through a proof of sponsorship by means of an official form (certificate of board and lodging). - Confirmed hotel booking for the full stay in the territory of the Member State or proof of sufficient means to cover accommodation during the intended stay or a booking confirmation of a tour or any other appropriate document, such as a list of persons taking part in the tour. 		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Proof of employment	<input type="checkbox"/> Pending
Employees should attach a recent letter from the employer (headed letter with name, date of issue, address, telephone number and position and salary of signatory and registration number in the United Kingdom) and payslips for the last three months. Self-employed should present a recent letter from accountant, banker or solicitor, stating self-employment or business ownership in the United Kingdom. The letter must also state the annual salary drawn from the company and self-assessment form edited by revenue and customs authorities.		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Proof of financial means	<input type="checkbox"/> Pending
<ul style="list-style-type: none"> - Recent (last three months) UK bank statements showing the balance and credit card account statement, indicating the cardholder's name and address. The statement must contain information on the monthly limit or the spending cap. - If the applicant is financially supported by his/her spouse, also marriage certificate, the spouse's bank statement and the statement of will to support the spouse must be presented. - If the applicant is supported by his/her parents, proof of family relationship e.g. birth certificate, the parent(s)' bank account statements and statement of will to support the applicant. 		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Proof of studies	<input type="checkbox"/> Pending
Students should present a recent, official and signed letter from school, college or university, stating date of issue, name of the applicant and type of studies, number of lessons (hours) per week and attendance record.		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Documents for third country citizens	<input type="checkbox"/> Pending
Valid UK residence permit. Permit must be valid at least one month after your departure from the Schengen area. In the absence of a UK residence permit card, or if the digital permit is valid longer, than the residence permit card, the following is also acceptable: "proof of right to reside in the UK: valid immigration status share codes issued by UK Home Office", which can be downloaded at the following link: https://www.gov.uk/view-prove-immigration-status		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Request for visa revocation	<input type="checkbox"/> Pending
Request for visa revocation is added at the Visa Application Centre, if needed.		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other submission documents	<input type="checkbox"/> Pending
Other submission documents are added at the Visa Application Centre, if needed.		

Signatures

I have understood that I (or my authorised representative) have to submit the above-mentioned documents to the Visa Application Centre. By signing this form, I hereby confirm that all the information stated in the documentation is true.

Signature of the applicant / representative of the applicant

For official use only (at the Visa Application Centre)

- I have understood that I have to submit the above-mentioned missing documents to the Finnish Embassy/Consulate by the date If I do not submit the documents by the date mentioned above, I accept by signing this form that the visa application will be examined without the requested documents and that the decision may be to my disadvantage.
- I do not intend to submit the above-mentioned missing documents to the Finnish Embassy/Consulate. I accept by signing this form that the visa application will be examined without the requested documents and that the decision may be to my disadvantage.

Signature of the applicant / representative of the applicant

Signature of the submission officer

