

Harmonised application form (1)

ANNEX I



Application for Schengen Visa

This application form is free

Image

1. Surname (Family name) (x) tang				For official use only	
2. Surname at birth (Former family name(s)) (x) tang				Date of application:	
3. First name(s) (Given name(s)) (x) yufeng				Visa application number:	
4. Date of birth (day-month-year) 1992-04-25	5. Place of birth rudong,jiangsu	7. Current nationality Nationality at birth, if different: CHN		Application lodged at	
6. Country of birth CHN				<input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border	
8. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	9. Marital status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> 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				<input type="checkbox"/> Other	
11. National identity number, where applicable 32062319920425337X				File handled by:	
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)				Supporting documents:	
13. Number of travel document EF7365330	14. Date of issue 2019-03-14	15. Valid until 2029-03-13	16. Issued by CHN	<input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Other:	
17. Applicant's home and e-mail address EAST WANGJIANG ROAD 332TH BUILDING 4, HANG ZHOU, CHN tangyufeng92@163.com		18. Telephone number(s) +8615751839159		Visa decision:	
18. Residence in a country other than the country of current nationality <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Residence permit or equivalent No Valid until				<input type="checkbox"/> Refused <input type="checkbox"/> Issued:	
* 19. Current occupation Other kind of technician				<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LTV	
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment. Cisco, EAST WANGJIANG ROAD 332th BUILDING 4, , Hang Zhou, CHN, +8615751839159				<input type="checkbox"/> Valid	
21. Main purpose(s) of the journey: <input type="checkbox"/> Tourism <input checked="" type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reason				From Until	

<input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify)	Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple Number of days:
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(1) No logo is required for Norway, Iceland and Switzerland.

22. Member State(s) of destination Norway	23. Member State of first entry Norway	
24. Number of entries requested <input checked="" type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	25. Duration of the intended stay or transit. Indicate number of days 9	

The fields marked with * shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields No 34 and 35.

(x) Fields 1-3 shall be filled in in accordance with the data in the travel document.

26. Schengen visas issued during the past three years <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
27. Fingerprints collected previously for the purpose of applying for a Schengen visa <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 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 2019-09-20	30. Intended date of departure from the Schengen area 2019-09-29	
31. 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)		
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s)		Telephone and telefax
32. Name and address of inviting company/organisation cisco philip Pedersens vei 1, 1366 Lysaker,norway , oslo NOR		Telephone and telefax of company/organisation +4767511473
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation		
33. Cost of travelling and living during the applicant's stay is covered		
<input type="checkbox"/> by the applicant himself/herself Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accommodation		<input checked="" type="checkbox"/> by a sponsor (host, company, organisation), please specify cisco <input checked="" type="checkbox"/> referred to in field 31 or 32 <input type="checkbox"/> Other (please specify) Means of support <input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> Accommodation provided <input checked="" type="checkbox"/> All expenses covered during the stay

<input type="checkbox"/> Prepaid transport	<input checked="" type="checkbox"/> Prepaid transport	
<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Other (please specify)	

34. Personal data of the family member who is an EU, EEA or CH citizen				
Surname (Family name)	First name(s) (Given name(s))			
Date of birth (day-month-year)	Nationality	Number of travel document or ID card		
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35. Family relationship with an EU, EEA or CH citizen				
<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant				
36. Place and date		37. Signature (for minors, signature of parental authority/legal guardian)		

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 (cf. field No 24):

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 purpose 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 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 Member States for the purpose 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 fulfill 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 Norwegian Directorate of Immigration, P.O. Box 8108 Dep, N-0032 Oslo, Norway.

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 the 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 (The Data Inspectorate, P.O. Box 8177, Dep, N-0034 Oslo, Norway - www.datatilsynet.no) will hear claims concerning the protection of personal data.

I declare that to the best of my knowledge all particulars 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 State before 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 relevant provisions of Article 5(1*) of Regulation (EC) No 562/2006 (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)
Royal Norwegian Consulate General, Shanghai -	