

Harmonised application form

Application for Schengen Visa

This application form is free

РНОТО

Family members of EU, EEA or CH citizens or of UK nationals who are beneficiaries of the EU-UK Withdrawal Agreement 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.

rields 1–3 snall be filled in in accordance	with the data in th	ic traver docum	nene.			
1. Surname [family name]: YU						For official use only
2. Surname at birth [former family name(s)]:					Date of application: 03/07/2024 Application number:	
						FRA1NY20247 02187 4
3. First name(s) [given name(s)] : Lei 4. Date of birth (day-month-year) : 13/01/1983	5. Place of birth: TIANJIN 6. Country of birth: China			7. Current national Chinese Nationality at Other national	birth, if different :	Application lodge at : Embassy/consulate Service provider Commercial intermediary Border (name): Other: File handled by:
8. Sex : Male Female Ot 10. Parental authority (in case of minor telephone No, email address, and natio	her Sin	vorced	Widow(er)	Other (spe		Supporting documents: Travel document Means of subsistence Invitation TMI Means of transport Other:
11. National identity number, where ap	plicable :					Visa decision : Refused Issued A C LVT
12. Type of travel document : Ordinary passport Diplomatic Other travel document (please spec		Service passp	ort []	Official passport	Special passport	Valid:
13. Number of travel document : EH4123792	14. Date of is 18/11/201		15. Valid v 17/11/2		16. Issued by (country) : China	From
17. Personal data of the family member who is an EU, EEA or CH citizen or a UK national who is a beneficiary of the EU-UK Withdrawal Agreement, if applicable :					Number of entries :	
Surname (family name): First name(s) [given name(s)]:			Number of days :			
Date of birth (day-month-year) : N	ationality :	Nı	umber of tra	avel document or	ID card :	

18. Family relationship w	vith an EU, EEA or (CH citizen or a UK national	who is a benef	iciary of the EU-U	K Withdrawal Agr	reement, if applicable :
Spouse C	Child Grandch	ild Depend	ent ascendant	Registered pa	artnership 🗌 Ot	her
19. Applicant's home add 160 MORGAN ST, A 07302 JERSEY CITY United States of Ame yuleinku@gmail.com	APT 1711	ess:			Telephone 1 571668079	
	ry other than the cou esidence permit or ec	ntry of current nationality : quivalent N°207.5	52198		Valid un	ntil03/08/2029
* 21. Current occupation Computer engineer	1:					
* 22. Employer and emp JP MORGAN CHAS 575 WASHINGTON United States of Ame	E BLVD, 07310, JERS	elephone number. For stude	nts, name and	address of education	onal establishment	:
23. Purpose(s) of the jou Tourism Medical reasons	rrney: Business Study	☐ Visiting family or frien☐ Airport transit	nds	Cultural Other (please spe	Sports	Official visit
24. Additional information	on on purpose of stay	y :				
25. Member State of mai destination, if applicable France	,	her Member States of	26. Membe	r State of first entr	y :	
27. Number of entries re	equested :	lltiple entries				
		etay in the Schengen area : n area after the first intended	28/08/2 d stay : 28/10/2			
28. Fingerprints collected No Yes		eurpose of applying for a Sch : 06/10/2023	_	he visa, if know :	FRA608394390	
Issued by						ntil
* 30. Surname and first r in the Member State(s):	name of the inviting p	person(s) in the Member Sta	te(s). If not app	blicable, name of h	otel(s) or temporar	ry accommodation(s)
FRENCH THEORY						

Address and email address of inviting person(s)/hotel(s)/temporary accomm	Telephone no :	
18 RUE CUJAS, 5TH ARR., 75005, PARIS		
France yuleinku@gmail.com		
* 31. Name and address of inviting company/organisation:		Telephone no of company/ organisation:
Surname, first name, address, telephone no, and email address of contact positive and the same of the	erson in company/organisation:	
* 32. Cost of travelling and living during the applicant's stay is covered:		
■ by the applicant Means of support: ■ Cash □ Traveller's cheques ■ Credit card □ Pre-paid accommodation □ Pre-paid transport □ Other (specify):	 □ by a sponsor (host, company, organisation), please specify: □ referred to in field 30 or 31 □ Other (specify): Means of support: □ Cash □ Accomodation provided □ All expenses covered during the stay □ Pre-paid transport □ Other (specify): 	
33. Surname and first name of the person filling in the application form, if d	ifferent 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 are: Ministère de l'Intérieur (Place Beauvau -75800 Paris CEDEX 08) et le 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 Member 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 (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 of applicant (signature of parental authority/legal guardian, if applicable):
02/07/2024 18:39:04 (hour of	
New York)	



France-Visas

The official website for visa application to France

Registration receipt

On 03/07/2024, your information has been recorded by the France-Visas system.

Reference of the application: FRA1NY20247021874

Last name/s : YU

First name/s: Lei

Birth date (DD/MM/YYYY): 13/01/1983



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-REC	DUISITES
	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 endorsment" 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.
PURPOSI	E OF TRAVEL/STAY
	Document describing the planned programme (letter of presentation, reservation confirmation of an organised trip).
	Pre-booked round-trip ticket.

SOCIO-P	ROFESSIONAL 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 also, 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.
ACCOMN	IODATION
	"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 : 90 €**,or about 97 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.