

# Application for Schengen Visa

This application form is free

РНОТО

1. Surname (Family name) (x) YU					FOR OFFICIAL USE ONLY
	()) ()				Date of application:
Surname at birth (Former family na     First name(s) (Given name(s)) (x)     Lei	.,, ,,				Application number : FRA1NY20237026396 Application lodged at :  Embassy/consulate
4. Date of birth (day-month-year) 13/01/1983	5. Place of birth: TIANJIN 6. Country of birth: China		Current nationality at Other national	birth, if different :	Service provider Commercial intermediary Border (Name):  Other:
X Sin					File handled by :  Supporting documents :  Travel document  Means of subsistence  Invitation  TMI  Means of transport  Other :
11. National identity number, where	e applicable :				Visa decision :  Refused Issued : A C ITV
12. Type of travel document  Service passport Official passport Special passport  Other travel document (please specify):				☐ Valid : From :	
13. Number of travel document : EH4123792	14. Date of issue : 18/11/2019	15. Valid until : 17/11/2029		16. Issued by (country) : China	Number of entries :
17. Personal data of the family men Kingdom citizen beneficiary of the			nfederation cit	izen or is a United	Number of days:
Surname (Family name) :		First names (s) (Give	en name(s)) :		
Date of birth (day-month-year):	Nationality :	Nun	nber of travel	document or ID card :	

18. Family relationship with an European Union, EEA or Swiss Confederation citiz agreement, if applicable :  ☐ spouse ☐ child ☐ grandchild ☐ dependent ascendant	zen, or with United Kingdom citizen beneficiary	of the withdrawal
Registered Partnership other:		
19. Applicant's home address and e-mail address: 160 MORGAN STREET, APT 1711 07302 JERSEY CITY United States of America yuleinku@gmail.com	Telephone no. 5716680790	
20. Residence in a country other than the country of current nationality:		
□ No	77.11 17 02 (00 (2020	
X Yes. Residence permit or equivalent	Valid until. 93/98/2029	
*21. Current occupation : Computer engineer		
*22. Employer and employer's address and telephone number. For students, name a JPMORGAN CHASE 575 WASHINGTON BLVD 07310 JERSEY CITY United States of America (201) 626-5000	and address of educational establishment:	
23. Purpose(s) of the journey:		
X Tourism       ☐ Business       ☐ Visiting family or friends         ☐ Medical reasons       ☐ Study       ☐ Airport transit       ☐ Ot	Cultural Sports her (please specify):	Official visit
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 :	I .	
Single entry Two entries X Multiple entries		
Intended date of arrival of the first intended stay in the Schengen area:  22 Intended date of departure from the Schengen area after the first intended stay: 17	5/11/2023 //12/2023	
28. Fingerprints collected previously for the purpose of applying for a Schengen vi Date, if known		
29. Entry permit for the final country of destination, where applicable :  Issued by	Valid fromuntil	
*30. Surname and first name of the inviting person(s) in the Member State(s). If no Member State(s):  HOTEL JOSEPHINE BY HAPPYCULTUREE	ot applicable, name of hotel(s) or temporary acc	ommodation(s) in the

Address and e-mail address of inviting person(s) / hotel(s) / Temporary accommodation(s) :		Telephone no.:
67 RUE BLANCHE, 9TH ARR. 75009 PARIS France		+33 1 55 31 90 75
4049775950-qrdw.vqvc.gjhd.hwnd@property.booking.com		
*31. Name and address of inviting company / organisation :		
Surname, first name, address, telephone no., and e-mail address of contact po	erson in company /organisation :	Telephone no. of company / organisation :
*32. Cost of travelling and living during the applicant's stay is covered:		
X   by the applicant himself/herself     Means of support   X   Cash     Traveller's cheques   X   Credit Card   Pre-paid accommodation   Pre-paid transport   Other (please specify) :	□ by a sponsor (host, company, or Please specify:     □ referred to in field 30 or other (please specify):  Means of support     □ Cash     □ Accommodation provided     □ All expenses covered during to Pre-paid transport     □ Other (please specify):	31

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 18/09/2023, your information has been recorded by the France-Visas system.

Reference of the application: FRA1NY20237026396

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	QUISITES
	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.
PURPOS	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	O-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 proo of pension.		
ACCOMM	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 : 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.