

FRENCH REPUBLIC

LONG-STAY VISA APPLICATION FORM

This application form is free

IDENTITY PHOTOGRAPH

EMBASSY OR CONSULATE STAMP	BOX FOR VISA NUMBER STICKER				
1. Surname (Family name)	For official use only				
2. Former surname(s)	Application date:				
3. First name(s)					
4. Date of birth (day-month-year)	e of birth (day-month-year) 5. Place of birth 7. Current nationality 6. Country of birth Nationality at birth, if different:		7. Current nationality		Application number:
			if different:	Processing officer(s):	
8. Sex	9. Marital status Single Married Other (please specify)				
10. For minors: Surname, first name, address (i	<u>Marginal entries</u>				
11. National identity number, where applicable:					
12. Type of travel document	-				
13. Number of travel document	14. Date of issue (DD/MM/YY)	15. Valid until (DD/MI	M/YY)	16. Issued by	-
17. Applicant's home address (no., street, city, p	_				
18. Email address20. If you are resident in a country other than the	-				
Number of residence permit Date of issue Valid until					_
21. Current occupation					_
22. Employer (employer's address, email and te	elephone number) - For students name	e and address of educ	cational institution	on	_
	, , , , , , , , , , , , , , , , , , , ,				OFFICIAL DECISION
23. I request a visa for the following purpose:					Date:
☐ Employment ☐ Family stay	Studies Training peri	od/education	Marriage Re-entry visa	Medical reasons	
Official taking up of duties	Other (please specify):		ixe-citiy visa		GRANTED REFUSED
24. Name, address, email address and telephor	_				
25. What will be your address in France during	-				

27. I	ntended duration of stay on the territory of France	_							
	☐ Between 3 and 6 months ☐ From 6 months to one year ☐	More than one year							
28. I	f you intend to stay in France with members of your family, please state: Family relationship Surname(s), first name(s)		Da	ate of birth (DD/MM/YY)	Nationality				
29.	What will be your means of support in France?								
	Will you be granted a scholarship?		☐ YES	□ NO					
	If yes, write the name, address, email address and telephone number of the institution	on and the amount of the scho	olarship:						
30.	Will you be supported by one or several person(s) in France?	Г	☐ YES	□ NO					
	If yes, state their name, nationality, occupation, email address and telephone number	er:		NO					
31.	Are members of your family resident in France?		☐ YES	□ NO					
	If yes, state their name, nationality, relationship with you, address, email address an	d telephone number:							
32.	Have you been resident in France for more than three consecutive months?		☐ YES	□ NO					
	If yes, specify at which date(s) and for what purpose								
	At which address(es)?								
	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 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 relevan French authorities 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 or revoke a visa issued will be entered into, and stored in the French VISABIO biometric database 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 borders, national immigration asylum authorities for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of France are fulfilled, and of identifying persons who do not or working for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of France are fulfilled, and of identifying persons who do not or working for the purpose of the prevention, detection and investigation terrorist offences and of other serious criminal offences. The French authorities for processing the data is: []. Pursuant to Act No 78-17 of 6 January 1978 on Data Processing, Files and Individual Liberties, I am aware that I have the right to obtain from the French government the communication of the direlating to me recorded in the VISABIO database and the right to request that such data which are inaccurate be corrected or possibly deleted only if processed unlawfully. This right of access to possible correction of such data shall be exercised by applying to the head of mission or consular post. It may be possible to refer to the National Commission on Data Processing and								
	if I choose to question the conditions under which the personal data relating to me are protected. I am aware that any incomplete application will increase the risk of my visa application being refused by the consular authority and that the said authority may have to retain my passport while my application is being processed. 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 French law. I have been informed that since over two months have elapsed with no reply since I submitted my request and my receipt as proof, this implicitly means that it has been denied. This decision can be contested through the Commission des recours contre les décisions de refus de visa (Appeals Commission for Denied Visas), BP 83.609, 44036 Nantes CEDEX 1, France, within two months of the implicit decision. I undertake to leave the French territory before the expiry of the visa, if granted, and if I have been refused the right to stay in France after the expiry of the visa.								
	Place and date Signature Signature								
		or minors, signature of the pare	ental autho	ority / legal guardian)					