

## Application for an entry visa to the Republic of Moldova

This application form is free.

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Surname (Family name) (x)					For official use only.
2. Surname at the birth (Former family name (s) (x)					Date of application:
3. First name (s) (Given name (s)) (x)					Visa application number:
4. Date of birth (day-month-year)	5. Place of	oirth 7. Curren		rrent nationality	Application lodged at
	6. Country	of birth	Nation	nality at birth, if different:	☐ Embassy/consulate
					□ CAC
8. Sex	9. Marital	status			☐ Service provider
☐ Male ☐ Female	_	☐ Married ☐ Separa ☐ other (please speci		orced	☐ Commercial intermediary
In the case of minors: Surname, first authority/legal guardian	10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental				
					Other
11. National identity number, where applicable					File handled by:
12. Type of travel document:					Supporting documents:
ordinary passport Diplomatic		ce passport  Official	passport	Special passport	☐ Travel document
Other travel document (please specify)					☐ Means of subsistence
13. Number of travel document 14.	Date of issue	15. Valid until		16. Issued by	☐ Invitation
17. Applicant's home address	7	Telephone number (s)		E-mail address	☐ Means of transport
					□ тмі
18. Residence in a country other than the	e country of curren	t nationality			☐ Other:
☐ No ☐ Yes. Residence permit or equivalent No					Visa decision:
					☐ Refused
19. Current occupation				☐ Issued:	
20. Employer and employer's address and telephone number. For students, name and address of educational establishment.				□ A	
					□ с
21. Main purpose (s) of the journey:					□ LTV
☐ Tourism ☐ Business ☐ Visiting family or friends ☐ Cultural ☐ Sports					☐ Valid:
Official visit					from
☐ Medical reasons ☐ Study ☐ Transit ☐ Airport transit ☐ Other (please specified)					until
22. Number of entries requested :		. ′			Number of entries:
☐ Single entry ☐ Two entries		23. Duration of th		stay or transit	☐ 1 ☐ 2 ☐ Multiple Number of days
☐ Multiple entries		Indicate number of days			amour or early
					•

24.	Visas issued for the Republi	ic of Moldova durin	g the na	st 12 months		
	☐ No ☐ Yes. Date(s) of validity from					
	Yes. Date(s) of validity	irom		to		
25.	Fingerprints collected previo	ously for the purpos	se of app	lying for a visa for the	Republic of Moldova	
	☐ No ☐ Yes					
					Date, if known	
26	Intended data of arrival on t	ha tarritary of tha		27 Intended date	of departure from the territory of the	
20.	26. Intended date of arrival on the territory of the Republic of Moldova  27. Intended date of departure from the territory of the Republic of Moldova					
28.	Surname and first name of t temporary accommodation(				If not applicable, name of hotel(s) or	
Addı	ress and e-mail address of inv	viting		Telephone and tele	fax	
perso	person(s)/hotel(s)/temporary accommodation(s)					
29.	Name and address of invitin	ng company/organiz	ation	Telephone and tele	fax of company/organization	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.g company organiz		Telephone and tele	and of company organization	
Surna	me, first name, address, telep	ohone, telefax and e	-mail ad	dress of contact person	n in company/organization	
30.	Cost of travelling and living	during the applican	nt's stay	is covered		
□ b	<ul> <li>□ by the applicant himself/herself</li> <li>□ by a sponsor (host company, organization), please specify</li> </ul>					
Mea	ns of support					
С	ash				referred to in field 28 or 29	
ПТ	☐ Traveler's cheques ☐ other (please specify)					
	☐ Credit cards  Means of support					
□p	pre-paid accommodation					
-	Pre-paid transport Accommodation provided					
	others (please specify)  All expenses covered during the stay					
	☐ others (piease specify) ☐ All expenses covered during the stay ☐ Pre-paid transport					
				•		
21	Other (please Specify)  31. Personal data of the family member which is citizen of the Republic of Moldova					
51.	1 C15011a1 data 01 the faililly l	member winen is ci	uzen ol	are Republic of Moldo	γa	
Surn	ame			First name(s)		
					<del>,</del>	
Date	of birth	nationality			Number of travel document or ID card	
Fami	ly relationship with an citize	n of the Republic of	f Moldo	va		
□ s₁	oouse  child		🗆	grandchild  depend	ent ascendant	
32.	Place and date			-	signature of parental authority/legal	
	guardian)					
I am a	ware that the visa fee is not	refunded if the visa	is refuse	ed		
Applicable in case a multiple-entry visa is applied for (cf. field no. 22)						
I am aware of the need to have an adequate travel medical insurance for my first stay and subsequent visits to the Republic of Moldova.						

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 Republic of Moldova 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 SIA "Consul" System: 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 Republic of Moldova, immigration and asylum authorities in the Republic of Moldova for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Republic of Moldova 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 Republic of Moldova for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Republic of Moldova responsible for processing the data is: the Ministry of the Interior Affairs of the Republic of Moldova.

I am aware that I have the right to obtain in the Republic of Moldova notification of the data relating to me recorded in the SIA "Consul" System 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 Republic of Moldova. The national supervisory authority of the Republic of Moldova 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 Republic of Moldova which deals with the application.

I undertake to leave the territory of the Republic of Moldova 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 territory of the Republic of Moldova. 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 legislations of the Republic of Moldova and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the territory of the Republic of Moldova.

Place and date	Signature (for minors, signature of parental authority/legal guardian)