Application for a visa for a long stay in Luxembourg

stay in Luxemb	ourg					
y					РНОТО	
	This a	pplication form	ı is fre	ee		
1. Surname (Family name) (x)					FOR OFFICIAL USE ONLY	
2. Surname at birth (Former family n	ame(s)) (x)				Date of application: Visa application number:	
3. First name(s) (Given name(s)) (x)					Application lodged at □ Embassy/consulate □ CAC □ Service provider	
4. Date of birth (day-month-year)	5. Place of bir6. Country of			urrent nationality ionality at birth, if different	□ Commercial intermediary □ Border	
8. Sex □ Male □ Female	ı	9. Marital status □ Single □ Married □ Separated □ Divorced □ Widow(er) □ Other (please specify)			Name: r) □ Other File handled by:	
10. In the case of minors: Surname, fauthority/legal guardian	irst name, addre	ess (if different from	applica	nt's) and nationality of pare	Supporting documents: □ Travel document □ Means of subsistence	
11. National identity number, where applicable					□ Invitation □ Means of transport □ TMI □ Other:	
12. Type of travel document ☐ Ordinary passport ☐ Diplomatic pa ☐ Other travel document (please spec		e passport □ Official	passpoi	t □ Special passport	Visa decision: □ Refused □ Issued:	
13. Number of travel document 14	4. Date of issue	15. Valid until		16. Issued by	□ A □ C □ LTV	
17. Applicant's home address and e-r		current nationality	Tele	phone number(s)	□ Valid: From Until Number of entries: □ 1 □ 2 □ Multiple	
18. Residence in a country other than the country of current nationality □ No □ Yes. Residence permit or equivalent					Number of days:	
* 19. Current occupation						

* 20. Employer and employer's address and telephone nur establishment.	mber. For students, name and address of educational		
21. Main purpose(s) of the journey: □ Tourism□ Business□ Visiting family or frier □ Medical reasons	nds Cultural Sports Official visit		
	.0.)		
☐ Study ☐ Transit ☐ Airport transit ☐ Other (plea			
22. Member State(s) of destination	23. Member State of first entry		
24. Number of entries requested □ Single entry□ Two entries□ Multiple entries	25. Duration of the intended stay or transit		
□ Single entry□ Two entries□ Multiple entries	Indicate number of days		
exercising their right to free movement. Family members fill in fields no 34 and 35.	whembers of EU, EEA or CH citizens (spouse, child or dependent ascent of EU, EEA or CH citizens shall present documents to prove this relationship to the travel dependent ascent		
(x) Fields 1-3 shall be filled in in accordance with the data	a in the travel document.	İ	
26. Schengen visas issued during the past three years □ No □ Yes. Date(s) of validity fromto			
27.Fingerprints collected previously for the purpose of app □ No			
28. Entry permit for the final country of destination, where Issued by	e applicable until		
7). Intended date of arrival in the Schengen area 30. Intended date of departure from the Schengen area			
* 31. Surname and first name of the inviting person(s) in that accommodation(s) in the Member State(s)	he Member State(s). If not applicable, name of hotel(s) or temporary		
Address and e-mail address of inviting person(s)/hotel(s)/to accommodation(s)	emporary Telephone and telefax		

*32. Name and address of inviting company/organisat	ion	Telephone and telefax of company/organisation	1	
Surname, first name, address, telephone, telefax, and e	e-mail address of contact p	person in company/organisation		
*33. Cost of travelling and living during the applicant	's stay is covered			
□ by the applicant himself/herself	□ by a sponso	□ by a sponsor (host, company, organisation), please specify□ referred to in field 31 or 32		
		please specify)		
Means of support	Means of supp	port		
□ Cash □ Traveller's cheques	□ Cash □ Accommod	ation provided		
□ Credit card	□ All expense	s covered during the stay		
□ Pre-paid accommodation	□ Pre-paid tra			
□ Pre-paid transport □ Other (please specify)	□ Other (pleas	□ Other (please specify)		
34. Personal data of the family member who is an EU	, EEA or CH citizen			
C	First name	(-)		
Surname	First name	(8)		
Date of birth	lationality	Number of travel		
		document or ID card		
35. Family relationship with an EU, EEA or CH citize □ spouse child grandchild		cendant		
s spouse grandonia	dopondone de	Conduit		
36. Place and date	37. Signature (for minor	s, signature of parental authority/legal guardian)	\dashv	

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 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 authority of the Member State responsible for processing the data is: Ministry of Foreign Affairs of the Grand Duchy of Luxembourg.

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 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 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):