



PHOTO

# Application for a Schengen Visa to Iceland

This application form is free

1. Surname (Family name) (x)				<b>FOR OFFICIAL USE ONLY</b>	
2. Surname at 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 birth		7. Current nationality	
		6. Country of birth		Nationality at birth, if different:	
8. Sex		9. Marital status			
<input type="radio"/> Male <input type="radio"/> Female		<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widow(er) <input type="radio"/> Other (please specify)			
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian				Application lodged at <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border	
				Name:	
11. National identity number, where applicable				<input type="checkbox"/> Other	
12. Type of travel document <input type="radio"/> Ordinary passport <input type="radio"/> Diplomatic passport <input type="radio"/> Service passport <input type="radio"/> Official passport <input type="radio"/> Special passport <input type="radio"/> Other travel document (please specify)				File handled by:	
13. Number of travel document		14. Date of issue		15. Valid until	
				16. Issued by	
17. Applicant's home address and e-mail address		Telephone number(s)			
18. Residence in a country other than the country of current nationality <input type="radio"/> No <input type="radio"/> Yes. Residence permit or equivalent. No. Valid until				<b>Supporting documents:</b> <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Other:	
* 19. Current occupation				<b>Visa decision:</b> <input type="checkbox"/> Refused <input type="checkbox"/> Issued: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LTV	
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.				<input type="checkbox"/> Valid: From Until	
21. Main purpose(s) of the journey: <input type="radio"/> Tourism <input type="radio"/> Business <input type="radio"/> Visiting family or friends <input type="radio"/> Cultural <input type="radio"/> Sports <input type="radio"/> Official visit <input type="radio"/> Medical reasons <input type="radio"/> Study <input type="radio"/> Transit <input type="radio"/> Airport transit <input type="radio"/> Other (please specify)				Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple  Number of days:	

22. Member State(s) of destination	23. Member State of first entry
24. Number of entries requested <input type="radio"/> Single entry <input type="radio"/> Two entries  <input type="radio"/> Multiple entries	25. Duration of the intended stay or transit Indicate number of days

\* The fields marked with \* shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields no 34 and 35.

(x) Fields 1-3 shall be filled in in accordance with the data in the travel document.

26. Schengen visas issued during the past three years <input type="radio"/> No <input type="radio"/> Yes. Date(s) of validity from _____ to _____	
27. Fingerprints collected previously for the purpose of applying for a Schengen visa <input type="radio"/> No <input type="radio"/> Yes. _____ <div style="text-align: right;">Date, if known</div>	
28. Entry permit for the final country of destination, where applicable Issued by _____ Valid from _____ until _____	
29. 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 the Member State(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the Member State(s)   	
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s)	Telephone and telefax
*32. Name and address of inviting company/organization	Telephone and telefax of company/organization
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organization   	

*33. Cost of travelling and living during the applicant's stay is covered  	
<input type="radio"/> by the applicant himself/herself  <b>Means of support</b> <input type="checkbox"/> Cash <input type="checkbox"/> Traveler's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Pre-paid accommodation <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify)	<input type="radio"/> by a sponsor (host, company, organization), please specify <input type="checkbox"/> referred to in field 31 or 32 <input type="checkbox"/> other (please specify)  <b>Means of support</b> <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify)

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