

## Application for Schengen visa

This application form is free

РНОТО

1. Surname (Family name) (x)								For official use only
1. Surnaire (Lariny Haire) (A)								Date of application:
2. Surname at birth (Former family name(s)) (x)								Visa application number :
3. First name(s) (Given name(s)) (x		visa application number.						
4. Date of birth	5. Place of birth:				7. Current nationality:			File handled by:
(day-month-year)	6. Countr					Nationality at birth, if different: :		Application lodged at:
8. Sex		9. Marital Status						□ Embassy/consulate □ CAC
Single							v(er)	□ Service provider □ Commercial intermediary □ Border
10. In the case of minors: Surname		Name:						
authority/legal guardian								□ Other
11. National identity number, where applicable :								
12. Type of travel document								Supporting documents:
☐ Ordinary passport ☐ Diplomatic passport ☐ Service passport ☐ Official passport ☐ Special passport ☐ Other travel document (please specify) :								☐ Travel document☐ Means of subsistence
13. Travel document number		Date of issue 15. Valid until				16. Issued by		☐ Invitation ☐ Means of transport
						,		□ TMI
17. Applicant's home address and e-mail address Telephone number(s)								
								Visa decision:
								□ Refused
19 Posidongo in a government other t		□ Issued : □ A						
18. Residence in a country other than the country of current nationality  ☐ No ☐ Yes: Residence permit or equivalent N°								$\begin{array}{c} \square \ C \\ \square \ LTV \end{array}$
* 19. Current occupation								□ Valid :
* 20. Employer and employer's address and telephone number. For students, name and address of educational								From
establishment.								Until
		Number of entries : □ 1 □ 2 □ Multiple						
21. Main purpose(s) of the journe		Number of days:						
☐ Tourism ☐ Business ☐ Visiting family or friends ☐ Cultural ☐ Sports ☐ Official visit ☐ Study ☐ Medical reasons ☐ Transit ☐ Airport transit ☐ Other (please specify):								
22. Member State(s) of destination  23. Member State of first entry								
24. Number of entries requested 25. Duration of the intended stay or transit								
☐ Single entry ☐ Two entries ☐ Multiple entries ☐ Indicate number of days :								
26. Schengen visas issued during the past three years								
☐ No ☐ Yes. Date(s) of validity/,								
27. Fingerprints collected previously for the purpose of applying for a Schengen visa								
No Yes. Date, if known:								
28. Entry permit for the final country of destination, where applicable  Issued by, valid fromuntil								

<sup>\*</sup> The fields marked with \* do not need to 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.

29. Intended date of arrival in the Schengen area	a	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 accor	mmodation(s)	Telephone and telefax					
* 32. Name and address of inviting company/o	organisation		Telephone and telefax of company/organisation					
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation								
* 33. Cost of travelling and living during the applicant's stay is covered								
		□ by a sponsor (host, company, organisation),  Please specify □ referred to in field 31or 32 □ other (please specify):  Means of support □ Cash □ Accomodation provided □ All expenses covered during the stay □ Pre-paid transport □ Other (please specify):						
34. Personal data of the family member who is a Surname	nn EU, EEA or CH citizen							
Date of birth Nationality	Numb	First name(s)  mber of travel document or ID card						
, ,		of traver document of 15 card						
35. Family relationship with an EU, EEA or CH citizen:  spouse child grandchild dependent ascendant  36. Place and date 37. Signature (for minors, signature of parental authority / legal guardian)								
You was also do not for it and to fort it and to fo								
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) <sup>1</sup> 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: *Commission Nationale de *Unformatique et des Libertés - 8, rue Vivienne - 71083 PARIS cedex 02**  I am aware that I have the right to obtain in any of the Member States notification of the 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 an								
(1) Insofar as the VIS is operational	(1) Insofar as the VIS is operational							

1.