Surname		First name(s)	
3			
Date of birth	Nationality	Number of travel docu	ument or ID card
e e			
35 Family relationship with an E	EU, EEA or CH citizen		
spouce child		grandchild dependent as	cendant
36 Place and date		37 Signature (for minors, signature of pare guardian)	ntal authority/legal
		4	
I am aware that the visa fee	is not refunded if the vis	is refused. \bigvee	
Applicable in case a multiple	e-entry visa is applied for	(cf. field No. 24): \square	
I am aware of the need to ha	ave an adequate travel m	edical insurance for my first stay and subsequ	uent visits to the territory of Member States.
applicable, the taking of fing on the visa application forn processed by those authorit	gerprints, are mandatory n, as well as my fingerpr ties, for the purposes of a	or the examination of the visa application; and the supplied to the decision on my visa application.	ion form and the taking of my photograph and, nd any personal data concerning me which appea the relevant authorities of the Member States and
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