

Reference Schengen Visa Application PDF

(For Internal Use Only)

Country :

Sl.	Fields from Schengen form	Answer
1	Surname (Family name)	
2	Surname at birth (Former family name(s))	
3	First name(s) (Given name(s))	
4	Date of birth (day-month-year)	
5	Place of birth	
6	Country of birth	
7	Current nationality	
	Nationality at birth, if different	
	Other nationalities	
8	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
9	Civil status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Registered Partnership <input type="checkbox"/> Other (please specify)

10	Parental authority (in case of minors) /legal guardian (surname, first name, address, if different from applicant's, telephone no., e-mail address, and nationality)	
11	National identity number, where applicable	
12	Type of travel document	<div><input type="checkbox"/> Ordinary passport</div> <div><input type="checkbox"/> Service passport</div> <div><input type="checkbox"/> Special passport</div> <div><input type="checkbox"/> Diplomatic passport</div> <div><input type="checkbox"/> Official passport</div> <div><input type="checkbox"/> Other travel document (please specify)</div>
13	Number of travel document	
14	Date of issue	
15	Valid until	
16	Issued by (Country)	
17	Personal data of the family member who is an EU, EEA, or CH citizen, or a national of the UnitedKingdom who is a beneficiary of the Agreement between the Swiss Confederation and the UnitedKingdom, if applicable Surname (Family name)	
	First name(s) (Given name(s))	
	Date of birth (day-month-year)	
	Nationality	
	Number of travel document or ID card	

18	Family relationship with an EU, EEA, CH citizen, or a national of the United Kingdom who is a beneficiary of the Agreement between the Swiss Confederation and the United Kingdom, if applicable	<div><input type="checkbox"/> Spouse</div> <div><input type="checkbox"/> Child</div> <div><input type="checkbox"/> Grandchild</div> <div><input type="checkbox"/> Dependent ascendant</div> <div><input type="checkbox"/> Registered Partnership</div> <div><input type="checkbox"/> Other</div>
19	Applicant's home address and e-mail address	
	Telephone no.	
20	Residence in a country other than the country of current nationality	<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Residence permit or equivalent</div>
	No.	
	Valid until	
21	Current occupation	
22	Employer and employer's address and telephone number. For students, name and address of educationalestablishment	
23	Purpose(s) of the journey	<div><input type="checkbox"/> Visit of family or friends</div> <div><input type="checkbox"/> Tourism</div> <div><input type="checkbox"/> Business</div> <div><input type="checkbox"/> Cultural</div> <div><input type="checkbox"/> Official visit</div> <div><input type="checkbox"/> Study</div> <div><input type="checkbox"/> Medical reasons</div> <div><input type="checkbox"/> Sports</div> <div><input type="checkbox"/> Airport transit</div> <div><input type="checkbox"/> Other (please specify)</div>

24	Additional information on purpose of stay	
25	Member State of main destination (and other Member States of destination, if applicable)	
26	Member State of first entry	
27	Number of entries requested	<input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries
28	Intended dates of the journey Intended date of arrival of the first intended stay in the Schengen area	
	Intended date of departure from the Schengen area after the first intended stay	
29	Fingerprints collected previously for the purpose of applying for a Schengen visa	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Date, if known	
	Visa sticker number, if known	
30	Entry permit for the final country of destination, where applicable Issued by	
	valid from	
	until	
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 no.	
32	Name and address of inviting company/ organisation	
	Surname, first name, address, telephone no., and e-mail address of contact person in company/ organisation	
	Telephone no. of company/ organisation	
33	Cost of travelling and living during the applicant's stay is covered	<input type="checkbox"/> By the applicant himself/herself
	Means of support	<input type="checkbox"/> Cash <input type="checkbox"/> Traveller'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)
	Cost of travelling and living during the applicant's stay is covered	<input type="checkbox"/> By a sponsor (host, company, organisation), please specify <input type="checkbox"/> Referred to in field 31 or 32 <input type="checkbox"/> Other (please specify)

	Means of support	<div><input type="checkbox"/> Cash</div> <div><input type="checkbox"/> Accommodation provided</div> <div><input type="checkbox"/> All expenses covered during the stay</div> <div><input type="checkbox"/> Pre-paid transport</div> <div><input type="checkbox"/> Other (please specify)</div>
34	Surname and first name of the person filling in the application form, if different from the applicant	
	Address and email address of the person filling in the application form	
	Telephone No	