

## Harmonized application form Application for Schengen Visa This application form is free<sup>1</sup>

Family members of EU, EEA or CH citizens or of UK nationals who are Withdrawal Agreement beneficiaries shall not fill in fields no 21, 22, 30, 31 and 32 (marked with \*) Fields 1-3 shall be filled in in accordance with the data in the travel document

1. Surname (Family name): PIREVA			FOR OFFICIAL USE ONLY
2. Surname at birth (F			
3. First name (s) (Give	Date of application:		
4. Date of birth (day–month - year):  06/04/2003	5. Place of birth:  GJILAN  6. Country of birth:	7. Current nationality:  KOSOVO/UN SC 1244  Nationality at birth:	Application number:  Application lodged at:  Embassy/consulate Service provider
KOSOVO/UN SC 1244	Other nationalities:	☐ Commercial intermediary ☐ Border (Name):	
			□ Other:  File handled by:
8. Sex:  9. Civil status:  Single  Married  Registered partnership  Separated  Divorced  Widow(er)  Other (please specify):		Supporting documents:  □ Travel documents  □ Means of subsistence  □ Invitation  □ TMI  □ Means of transport  □ Other:	
10. Parental authority from applicant's, telep	Visa decision:  □ Refused  □ Issued: □ A □ C □ LTV		
11. National identity number where applicable:			□ Valid:
	From:		
12. Type of travel doc	То:		
M Ordinary passport      ■	□ Diplomatic passport	□ Service passport	Number of entries:  □ 1 □ 2 □ Mult
□ Official passport	□ Special passport □ O	ther travel document (please specify):	Number of days:

<sup>1</sup> No logo is required for Norway, Iceland, Liechtenstein and Switzerland

13. Number of travel document:	14. Date of issue:	15. Valid until:	16. Issued by (country):	16. Issued by (country):
P01693288	11/03/2020	10/03/2025	KOSOVO/UN SC 1244	KOSOVO/UN SC 1244
17. Personal data of the family m				
beneficiary, if applicable: Surname (Family name):		First name (s) (Given	name (s)):	en name (s)):
Surname (rammy name).		(4) (51.51		
	<u> </u>	Number of travel doc	and the same	annessed on ID could
Date of birth (day-month-year): Nationality:		Number of travel doc	cument of 1D card.	ocument of 1D card.
18. Family relationship with an E				
beneficiary, if applicable:	dal:11d — damandanka	ann dant		
□ spouse □ child □ gran	dchild □ dependent a	scendant		
□ registered partnership	□ other			
19. Applicant's home address and	l e-mail address:		Telephone no:	Telephone no:
KOSOVO/UN SC 1244   PRISTINA   F	TUMU DAMA OZ MATIA I 44		All COM	MAIL COM
KOSOVO/UN SC 1244   PRISTINA   F	EDIVII KAWA 27, WATI 1   10	0000   PIREVABINDI@GMA	+38348425425	+38348425425
20. Residence in a country other t	han the country of curren	nt nationality:		
20. Residence in a country other	man the country of curren	it nationality.		
x No □ Yes				
Residence permit or equivalent		No	Valid until	Valid until
*21 C				
*21. Current ocupation: STUDENT, TRAINEE				
*22. Employer and employer's ac establishment:	ldress and telephone num	ber. For students, name	and address of educational	e and address of educational
	ORK EUROPE CAMPUS   G	REECE   THESSALONIKI	3, LEONTOS SOFOU   546 26   +302310224026	I   3, LEONTOS SOFOU   546 26   +30231022402
	·			
23. Purpose(s) of journey:				
□ tourism □ business □ v				
☐ official visit ☐ medical reaso				
24. Additional information on put				
25. Member State of main destination	ation (and other Member	States of destination, if	26. Member State of first entry	f 26. Member State of first entry
applicable):				
GREECE .		•••	GREECE	GREECE
27. Number of entries requested:				
□ single entry □ two				
Intended date of arrival of the first	t intended stay in the Sch	nengen area:	31/03/2024	31/03/2024
Intended date of departure from the	ne Schengen area after the	e first intended stay:	30/06/2024	30/06/2024

28. Fingerprints collected previously for the purpose of applying for a Schengen visa:				
□ No 🛚 🗷 Y	as.			
Date, if known 28/09/2021	Visa sticker number, if known <b>GRC 009175327</b>			
20 Fatana a wai't faa da faal a aastaa f	destanting and an englished			
29. Entry permit for the final country of	destination, where applicable:			
Issued by	Valid from	until		
* 30. 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):				
APARTMENT				
		lm 1 1		
Address and e-mail address of inviting	Telephone no: +306988687876			
THESSALONIKI   PTOELMEON 25   54630				
*31. Name and address of inviting compa	any/organization:			
Surname, first name, address, telephone no, and e-mail address of contact person in  Telephone no of				
company/organisation:		company/organisation:		
*32. Cost of travelling and living during the applicant's stay is covered:				
□ by the applicant himself/herself /	■ by a sponsor (host, company, organisation), please specify:			
Means of support	x □ referred to in field 30 or 31			
□ cash				
□ traveller's cheques	□ other (please specify):  Means of support			
□ credit card	z cash			
□ pre-paid accomodation/	■ accomodation provided			
□ pre-paid transport/				
□ other (please specify)	■ all expenses covered during the stay			
/I	🗷 pre-paid transport			
	□ other (please specify)			

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:

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 application; and any personal data concerning me which appear on the 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 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 Greece responsible for processing the data is:

Ministry of Foreign Affairs, 1 Vas. Sofias Ave., 10671, Athens, Tel.+30 210 3681000, fax +30 210 3681717, www.mfa.gr, e-mail: g04@mfa.gr, st2@mfa.gr.

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 Member State concerned. The national supervisory authority is Hellenic Data Protection Authority, Kifisias str. 1-3, 1st floor, 11523, Athens, tel. +30 210 6475600, fax +30 210 6475628, e-mail: contact@dpa.gr 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 6(1) of Regulation (EU) No 2016/399 (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.

Signature (signature of parental authority/legal guardian, if applicable):