

Application for Schengen Visa

This application form is free

РНОТО

Surname (Family name) (x) KIZZA					FOR OFFICIAL USE ONLY
Surname at birth (Former family na	(a)) (a)				Date of application :
3. First name(s) (Given name(s)) (x) Peter					Application number : FRA1BB20247004966 Application lodged at : Embassy/consulate
4. Date of birth (day-month-year) 30/11/1970	5. Place of birth: NAIROBI 6. Country of birth: Kenya		7. Current nat Ugandan Nationality a Ugandan Other nation	nt birth, if different :	Service provider Commercial intermediary Border (Name): Other:
Sing			-		Supporting documents: Travel document Means of subsistence Invitation TMI Means of transport Other:
11. National identity number, where	e applicable :				Visa decision : Refused Issued : A C
CM700361028XAH				□ LTV	
12. Type of travel document ☐ Ordinary passport ☐ Diploma ☐ Other travel document (please s	atic passport Service passp specify) :	port 🗌 Official pas	sport Spec	ial passport	☐ Valid : From :
13. Number of travel document : A00815283	14. Date of issue : 17/08/2022	15. Valid until : 16/08/2032		16. Issued by (country) : Uganda	Number of entries:
17. Personal data of the family men Kingdom citizen beneficiary of the			onfederation c	itizen or is a United	Number of days:
Surname (Family name) :		First names (s) (Giv	ven name(s)):		
Date of birth (day-month-year):	Nationality :	Nu	mber of trave	document or ID card :	



agreement, if applicable:	-		en, or with United Kingdom ci	tizen beneficiary of the withdrawal
		ependent ascendant		
Registered Partnershi				T
19. Applicant's home addres HOSANNA ESTATE, MAK KAMPALA Uganda				Telephone no. : +256706924111
pkpkizza@gmail.com				
20. Residence in a country of	ther than the country of	of current nationality:		
X No				
	equivalent	No	Valid until	
*21. Current occupation : Banker				
*22. Employer and employer BANK OF UGANDA PLOT 37/45 KAMPALA RC KAMPALA Uganda +256-4 14 258 441	1	ne number. For students, name a	nd address of educational estal	olishment :
23. Purpose(s) of the journe	v:			
Tourism	X Business	☐ Visiting family or friends	☐ Cultural ☐ S	ports Official visit
Medical reasons	Study	_ ~ .	ner (please specify) :	P 0.11100
25. Member State of main dapplicable) : Spain	estination (and other N	Member States of destination, if	26. Member State of first ent	ry:
27. Number of entries reque	d.			
	entries X Multiple	entries		
Intended date of arrival of t Intended date of departure f		n the Schengen area: 05, a after the first intended stay: 11,	/05/2024 /05/2024	
		se of applying for a Schengen vis		
29. Entry permit for the fina Issued by	•	* *	Valid from	until
*30. Surname and first name Member State(s):	of the inviting person	(s) in the Member State(s). If no	t applicable, name of hotel(s) of	or temporary accommodation(s) in the
(-).				

Address and e-mail address of inviting person(s) / hotel(s) / Temporary according to the control of the control	ommodation(s) :	Telephone no. :
*31. Name and address of inviting company / organisation: GLOBAL VOICE GROUP WORLDWIDE CORPORATION CALLE DEL PRINCIPE DE VERGARA, 15. LOCAL A. 28001 MADRID Spain info@globalvoicegroup.com		
Surname, first name, address, telephone no., and e-mail address of contact povillamandos Maria CALLE DEL PRINCIPE DE VERGARA, 15. LOCAL A. 28001 MADRID Spain +34911150039 info@globalvoicegroup.com	erson in company /organisation :	Telephone no. of company / organisation: +34911150039
*32. Cost of travelling and living during the applicant's stay is covered:		
□ by the applicant himself/herself Means of support □ Cash □ Traveller's cheques □ Credit Card □ Pre-paid accommodation □ Pre-paid transport □ Other (please specify) :	X by a sponsor (host, company, or Please specify: X referred to in field 30 or other (please specify):. Means of support X Cash X Accommodation provided X All expenses covered during Pre-paid transport Other (please specify):	:31

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 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) 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 authorities responsible for processing the data are: Ministère de l'Intérieur (Place Beauvau - 75800 Paris CEDEX 08) and Ministère de l'Europe et des Affaires Etrangères (27 rue de la Convention – 75732 PARIS Cedex 15).

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 State concerned. The national supervisory authority of that Member State [Commission Nationale de l'Informatique et des Libertés - 3 Place de Fontenoy - TSA 80715 - 75334 PARIS CEDEX 07] 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 (EC) No 399/2016 (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.

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

Family members of EU, EEA, Swiss Confederation, or United Kingdom citizen beneficiary of the withdrawal agreement, should not complete boxes 21, 22, 30, 31 and 32 (marked with an *).

(x) The data in boxes 1 to 3 must correspond to the data on the travel document



France-Visas

The official website for visa application to France

Registration receipt

On 23/04/2024, your information has been recorded by the France-Visas system.

Reference of the application: FRA1BB20247004966

Last name/s : KIZZA

First name/s: Peter

Birth date (DD/MM/YYYY): 30/11/1970



REQUIRED SUPPORTING DOCUMENTS TO SUBMIT YOUR APPLICATION

The day of your appointment, thank you for coming with originals and copy of all documents listed below, translated into French / English or Spanish (if accepted by the visa center)*.

If you are a student and have scanned all your supporting documents, please bring the originals of the documents listed below only.

FORMS	
	Signed and dated application form Receipt France-Visas
PRE-REQ	
	A travel document, issued less than 10 years ago, containing at least two blank pages, with a period of validity at least 3 months longer than the date on which you intend to leave the Schengen Area or, in the case of a long stay, at least three months longer than the expiry date of the visa requested. Be sure to transmit (scan) ALL PAGES of your travel document containing visas, entry and exit stamps or any other inscription.
	ID photograph.
	If you are not a national of your country of residence: proof that you are legally resident in that country (e.g. residence permit).
	If you have an official travel document, a note verbale is required.
PURPOSE	E OF TRAVEL/STAY
	Invitation from a company or an authority to participate in conferences or events of a commercial, industrial or professional nature.
	Reservation of a return ticket or travel itinerary.

ടവവറ.	PROFESSIONAL	SITUATION

	Proof of socio-professional status (e.g. employment contract, certificate of employment, extract from the trade and companies' register) and any documents demonstrating the applicant's personal links to the country of residence (e.g. copy of marriage certificate, family record book).
FUNDS	
	Bank statements, payslips, tax returns or any other proof of income.
ACCOMM	IODATION
	Reservation of a hotel or sufficient resources to cover hotel expenses (to the amount of €120/day) or a tenancy agreement or certificate of ownership. If staying with a private individual : proof of accommodation (Cerfa form).
TRAVEL I	HEALTH INSURANCE
	Travel health insurance certificate (cf FAQ).

APPLICABLE VISA FEE

On the day of your appointment, you will have to pay the application fee of : 80 €**,or about 333 050 UGANDA SHILLING. What currency is accepted? What are the payment method types? Please read the Fees section after choosing the pages specific to your local. You will find information on the fees and, more generally, the most accurate information for your visa application. In the case where the submission of your application is made with a service provider, service fees will be collected.

- * Please note: if any documents are missing, this may lead to the non-issuance of the visa you have applied for. The visa center reserves the right to ask for further documentation and information.
- ** This amount is for informational purposes only. Certain individual cases may give rise to different prices, in accordance with applicable regulations.