

**Additional contact and legal representation information**

Barcode:	
Name:	
Address for service:	
Place and Postal Code:	
Phone:	
E-Mail:	

☐ I agree on being contacted via e-mail by the competent German Mission in case of queries regarding my application.

**Please select:**

☐ 1.) In case of denial of my application for a National visa, I hereby agree to receive the formal denial notification by e-mail, to the above mentioned e-mail-address. I confirm that I regularly access the corresponding inbox.

**OR**

☐ 2.) In case of denial of my application for a National visa, I request service of the corresponding notification by post, to the above mentioned address. I am well aware of possible delays and reliability of the local postal service.

**Information about representation**

I have understood that, in my visa matter, the visa section can only correspond with me personally or, additionally, with a representative (Lawyer/Family member/Sponsor) named by me.

I wish to be represented by:

Name and postal address	
Phone and E-Mail:	

Date and signature: .....