



PHOTOGRAPH

National (D) visa application form This form is free of charge

1. Surname (Family name)/ (x)					<u></u>	
2. Surname at birth (Former family name(s)) $/$ (x)					For official use only	
3. First name(s) / (x)					Data della domanda:	
4. Date of birth (day-month-year)	5. Place of birth	5. Place of birth 7. Curre		nationality	Numero della domanda di visto:	
	6. Country of birtl	h	Nationali	ty at birth, if different	Domanda presentata presso:	
					Ambasciata/Consolato Centro comune Fornitore	
8. Sex: Male Female.	9. Marital status Single Separated Widow(er) Other (please		∏ Marı ∏ Divo		di servizi Intermediario commerciale Altro Nome:	
10. For minors: surname, first nan authority/legal guardian:	Responsabile della pratica:					
	Nome di chi ha ricevuto					
11. National identity number, when	la pratica allo sportello:					
12. Type of travel document:	D					
☐ Ordinary passport ☐ Diplomatic passport ☐ Service passport. ☐ Official passport ☐ Official passport ☐ Other travel document (please specify):					Documenti giustificativi: ☐ Documento di viaggio ☐ Mezzi di sussistenza ☐ Invito ☐ Mezzi di trasporto	
13. Numer of travel document 14. I yr)	Date of issue.(day-month-	15. Valid until (day-	-month-yr)	16. Issued by	Assicurazione sanitaria — di viaggio Altro	
17. Appplicant's home address and	Decisione relativa al visto: Rifiutato Rifiutato per segnalazione SIS non cancellabile.					
18. Are you residing in a country other than the country of your current nationality: ☐ N o ☐ Yes. Residence permit or equivalent:					☐ Pratica Sospesa ☐ Rilasciato — Tipo di visto:	
19. Current occupation					□ D =	
20. Employer, employer's address and telephone number. For students, name and address of educational institution.					──	

1. Purpose of travel:						
☐Joining family member/ A	Accompanying family me	mber			al	
Religious activity	Sport	☐Missio	m	□ Diplomatic	Numero di ingressi:	
☐Medical reasons	∐Study	Adopt		Subordinate work	<u>_</u> 1	
Autonomous work	Other (specify)/	-		Д эмээгчинич жэги	<u>2</u>	
(x) Provide the information					Multipli	
22. City of destination	as marcarea in the trave		hengen country of	first entry		
22. Only of destination		23.50	arengen ecunery of			
24. Number of entries req	uested:	25. D t	ration of stay. In	licate the number of days		
☐ One ☐ T wo	(may 365 days)					
26. Schengen visas issued	in the past three years:					
☐ No ne						
Yes. Date(s) of validity	y: from		to			
27. Fingerprints previous						
☐ No ☐ Yes. Indicate d	ate if known:					
28. Number of the Nullao	sta issued for a Joining	family memb	er visa/Accompar	nying family member visa/		
				pe of visa requested)		
Issued by the SIII of the o	city of		Valid from	until		
	-					
29. Intended date of arriv	al in the Schengen area			of departure from the Schenge lid from 91days to 364 days)	n area	
			(only for visus va	ind from Fluids to 50 Funds)		
31. Name of the person w Italy, if it is visa for Adop	2		*	ne employer. Indicate your addr	ess in	
italy, if it is visa for Adop	tion, Kengious Activities	s, muitai K	casons, sport, stu	uy, mission.		
Address and e-mail addre	ess of the nerson(s) who	requested	Telephone numb	er and fax number of the perso	an(s)	
	Address and e-mail address of the person(s) who requested the family reunion visa, or the name of the employer.		who requested th			
		the employer.				
				10		
32. Name and address of the inviting company/ organization.		Telephone number and fax number of the company/ organization		iny/		
organization.		organization.				
Name, address, telephone	number, fax number ar	nd e-mail ad	dress of the contac	et person of the company/		
organization.						
33. The applicant's expen	assas for traval and stay a	no the recre	ncibility of			
55. The applicant's expen	ises for travel and stay a	re the respon	usibility of:			
the applicant.			of the sponsor	(host, company, organization),		
Means of support:					···	
☐ Cash			referred to ir	field n. 31 or 32.		
Traveller's cheques			other (specify)			
☐ Credit cards ☐ Prepaid accomodation	1					
Prepaid transportation						
Other (specify)			Cash			
DIEODA (A EXOLUNION : -	COEGG A DAY EOR THE		Accommodat			
INFORMATION NOT NE FOLLOWING VISAS:	CESSARY FOR THE		All expenses of	covered during the stay		
Laining Family Mambay Assampaying Family Mambay						
Subordinate Work, Autonomous Work, Mission, Diplomatic,						
Adoption.						

34. Personal data of the family member who is a citizent of the EU, EEA or CH:				
Surname (family name).		First name(s)		1
Date of birth	Nationality		Number of travel document or ID card	
Date of on th	mationanty		rumber of traver document of 1D card	
35. Family relationship with a EU, EEA o	r CH citizen:			<u> </u>
spouse son/daughter dependent ascendant dependent ascendant				
				1
30. Flace		37. Signature (Signature of paren minor)	t or legal guardian if applicant is a	
Date		innioi)		
I am aware that the handling visa fee is not refunded if the visa is refused.				

I am aware of and consent to the following: that the collection of the data required by this application, the taking of my photograph and, if applicable, the taking of my fingerprints are mandatory for the examination of the visa application, and that the personal data concerning me which appears on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant Italian authorities and processed by those authorities for the purpose of a decision on my visa application.

Such data, as well data concerning the decision taken on my application or a decision whether to annul or revoke an issued visa will be entered into and stored in the visa information system of the Italian Embassy/Consulate and of the Italian Ministry of Foreign Affaire.

Such data will be accessible to the national authorities responsible for visas. Furthermore, such data will be accessible to the Schengen authorities competent for carrying out checks on visas at external borders, to the immigration and asylum authorities of the Member States (for the purpose of verifying whether the conditions for the legal entry into, the stay and residence on the territory of the Member States are fulfilled, of identifying persons who do not or no longer fulfil these conditions), to the authorities of the Member States responsible for examining of an asylum application. Under certain conditions the data will also be available to designated authorities of the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and other serious criminal offences.

I am aware that I have the right to obtain notification of the data relating to me recorded in the visa information system, and the right to request that inaccurate data relating to me be corrected and that data relating to me processed unlawfully be deleted. At myrequest, the authority examining my application will inform me of the manner in which I may exercise my right to verify my personal data, and have them corrected or deleted, including the related remedies according to the national legislation. The responsible national authority is the "Garante per la Protezione dei Dati Personali".

I declare that all the data provided by me are complete and correct. I am aware that 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 Italian Representative (article 331 c.p.p.).

The mere fact that a visa has been granted does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 5, paragraph 1 of Regulation EU n. 562/2006 (Schengen Borders Code) and of Article 4 of Italian Law 286/98 and for said reasons I will be refused entry.

.ANNOTAZIONI (riservato all'Ufficio)					
Il sottoscritto dichiara di aver preso visione dell'informativa sulla prote	rziono dai dati narconali rimuardante il rilascio dei visti, ai sensi del				
Il sollosciillo diciliala di avei preso visione dei informativa sama proce	Zione dei dan personan riguardante ii masero dei visu, ai sensi dei				
Regolamento Generale sulla Protezione dei Dati (UE) 2016/679.					
The undersigned declares that he/she has read the privacy statement concerning the issuance of visas, in accordance with the					
General Data Protection Regulation (EU) 2016/679.					
ni	g:				
Place	Signature (Signature 1)				
	(Signature of parent or legal guardian if applicant is a minor)				
Date					