

Application for Schengen visa

This application form is free

РНОТО

| 1. Surname (Family name) (x) | | | | | | | | For official use only | | |
|--|---|---|--------|---|---|---------------|--------------|---|--|--|
| 2. Surname at birth (Former family name(s)) (x) | | | | | | | | Date of application : | | |
| 2 First series(s) (Circum series(s)) (s | Visa application number : | | | | | | | | | |
| 3. First name(s) (Given name(s)) (x 4. Date of birth | File handled by : | | | | | | | | | |
| (day-month-year) | 5. Place of birth: 6. Country of birth: | | | | 7. Current nationality: Nationality at birth, if different:: | | lifferent: : | Application ladged at : | | |
| 8. Sex | 9. Marital Status | | | | | | | Application lodged at : □ Embassy/consulate □ CAC | | |
| ☐ Male ☐ Female | ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow(er) | | | | | | Vidow(er) | ☐ Service provider ☐ Commercial intermediary ☐ Border | | |
| 10. In the case of minors: Surname authority/legal guardian | Name : | | | | | | | | | |
| authority/ tegai guardian | □ Other | | | | | | | | | |
| 11. National identity number, when | | | | | | | | | | |
| 12. Type of travel document Ordinary passport Dipl | Supporting documents: | | | | | | | | | |
| Other travel document (ple | ort | ☐ Travel document☐ Means of subsistence | | | | | | | | |
| 13. Travel document number | 14. Г | Date of issue | 15. Va | lid until | | 16. Issued by | | ☐ Invitation ☐ Means of transport ☐ TMI ☐ Other: | | |
| 17. Applicant's home address and e-mail address Telephone number(s) | | | | | | | | | | |
| | | | | | | | | Visa decision : □ Refused □ Issued : | | |
| 18. Residence in a country other the | □ A □ C □ LTV | | | | | | | | | |
| * 19. Current occupation | | | | | | | | □ Valid : | | |
| * 20. Employer and employer's ac establishment. | From | | | | | | | | | |
| | Number of entries : | | | | | | | | | |
| 21. Main purpose(s) of the journey Tourism Business | Number of days: | | | | | | | | | |
| ☐ Medical reasons ☐ Tran | | | | | | | | | | |
| 22. Member State(s) of destination 23. Member State of first entry | | | | | | | | | | |
| 24. Number of entries requested Single entry Two entries Multiple entries | | | | 25 Duration of the intended stay or transit Indicate number of days : | | | or transit | | | |
| 26. Schengen visas issued during t No Yes. Date(s) of validity | | | | | | | | | | |
| 27. Fingerprints collected previously for the purpose of applying for a Schengen visa No Yes. Date, if known: | | | | | | | | | | |
| 28. Entry permit for the final country of destination, where applicable Issued by, valid fromuntil | | | | | | | | | | |

^{*} The fields marked with * do not need to be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields no 34 and 35.

| 29. Intended date of arrival in the Schengen area | | | 30. Intended date of departure from the Schengen area | | | | | | | |
|---|--|----------------------|---|------------------------|--|--|--|--|--|--|
| | | | | | | | | | | |
| * 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 and telefax | | | | | | | | | | |
| | | | | | | | | | | |
| * 32. Name and address of | of inviting company/organisation | | Telephone and telefax of | | | | | | | |
| | | | | company/organisation | | | | | | |
| Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation | | | | | | | | | | |
| * 33. Cost of travelling and living during the applicant's stay is covered | | | | | | | | | | |
| by the applicant himse | elf/herself | | by a sponsor (host, company, organisation), | | | | | | | |
| Means of support | | | Please specify referred to in field 31or 32 | | | | | | | |
| ☐ Cash☐ Traveller's cheques | | | other (please specify): Means of support | | | | | | | |
| ☐ Credit card | | | Cash | | | | | | | |
| ☐ Pre-paid accommodati☐ Pre-paid transport | ion | | comodation provided expenses covered during the stay | | | | | | | |
| Other (please specify) | : | | -paid transport ner (please specify) : | | | | | | | |
| 34 Personal data of the fa | umily member who is an EU, EEA or CH | | ici (piease specify) . | | | | | | | |
| Surname | | | First name(s) | | | | | | | |
| Date of birth | Nationality | Number of tra | umber of travel document or ID card | | | | | | | |
| 35. Family relationship with an EU, EEA or CH citizen: | | | | | | | | | | |
| □ spouse □ child □ grandchild □ dependent ascendant | | | | | | | | | | |
| 36. Place and date | 37. Signature (for | r minors, signatu | re of parental authority / legal guardian) | | | | | | | |
| | | | | | | | | | | |
| I am aware that the visa fee | I am aware that the visa fee is not refunded if the visa is refused. | | | | | | | | | |
| | le-entry visa is applied for (cf. field no 24): have an adequate travel medical insurance for | or my first stay and | l any subsequent visits to the territory of Mo | ember States. | | | | | | |
| | to the following: the collection of the data re | | | | | | | | | |
| 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 co | 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)¹ 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 fulfill 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 the Member State responsible for processing the data is: Commission Nationale de l'Informatique et des Libertés – 3 Place de | | | | | | | | | | |
| Fontenoy - TSA 80715 - 75334 PARIS CEDEX 07] | | | | | | | | | | |
| 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 membre [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 | 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 5(1) of Regulation (EC) No 562/2006 (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 | one, will be encounce again on entry into the | • | re (for minors, signature of parental autho | ority/legal guardian): | | | | | | |
| | | | 7 | | | | | | | |
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| (1) Insofar as the VIS is operational | | | | | | | | | | |

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