* 34. Personal data of the	family member who is	s an EU, EEA or CH citizen		
Surname			First name(s)	
Date of birth Nationality				Number of travel document or ID card
35. Family relationship with spouse chi			ndant	
36. Place and date		37. Signature (for minors, signature of parental authority/legal guardian) ПОДПИСЬ		
I am aware that the visa fee is not refunded if the visa is refused.  ПОДПИСЬ				
Applicable in case a multiple-entry visa is applied for (cf. field no 24).				
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.				
the Visa Information System carrying out checks on visas whether the conditions for th fulfil these conditions, of exact to designated authorities of the	(VIS) <sup>(1)</sup> for a maximu at external borders and e legal entry into, stay mining an asylum appli the Member States and	um period of five years, during d d within the Member States, immand residence on the territory of	which it will be a nigration and syl the Member Set nsiblity for such the prevention, de-	un authorities in the Member States for the purposes of verifying
transmitted the data, and to request, the authority examini	equest that data relating ng my application will ng the related remedie	g to me which are introduced be inform me of the makeer of whi is according to the national law	orrected and that ich I may exercise of the State con	ating to me recorded in the VIS and of the Member State which data relating to me processed unlawfully be deleted. At my express my right to check the personal data concerning me and have them cerned. The national supervisory authority of that Member State (15 - 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 be 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.				
prerequisites for entry into the compensation if I fail to com-	ne European territory ply with the relevant p	of the Member States. The mer	e fact that a visa lation (EC) No 56	have been informed that possession of a visa is only one of the has been granted to me does not mean that I will be entitled to 1.2/2006 (Schengen Borders Code) and I am therefore refused entry. States.
Place and date		Signature (for minors, signature of parental authority/legal guardian) ПОДПИСЬ		hority/legal guardian)

 $<sup>\</sup>ensuremath{^{(1)}}\xspace$  In so far as the VIS is operational.