

Application for Schengen Visa

This application form is free

| 1. Surname (Family name) (x) | For official use only | | | | |
|---|---|-----------------|---|--|-----------------------|
| 2. Surname at birth (Former family n | Date of application: | | | | |
| 3. First name(s) (Given name(s)) (x) | Visa application number: | | | | |
| 4. Date of birth (day-month-year) | 5. Place of birth | | 7.Current nationality | | Application lodged at |
| | 6. Country of birth | | Nationality at birth, if different | | Embassy/consulate |
| 8.Sex Male Female | 9. Marital status Single M Other (please | arried | Gervice provider Commercial intermediary Border | | |
| 10. In the case of minors: Surname, authority/legal guardian | Name: | | | | |
| 11. National identity number, where a | Other: | | | | |
| 12. Type of travel document | File handled by: | | | | |
| 13. Number of travel document | 14. Date of issue | 15. Valid until | Supporting documents: | | |
| 17. Applicant's home address and e- | Means of subsistence Invitation | | | | |
| 18. Residence in a country other tha | Means of transport TMI Other: | | | | |
| * 19. Current occupation | Visa decision Refused | | | | |
| * 20. Employer and employer's address to be | _ Issued: A C LTV | | | | |
| 21. Main purpose(s) of the journey Tourism Business C Official visit Medical reasons | Valid From Until | | | | |
| Study Transit Airp | Number of entries 1 2 I Multiple | | | | |
| 22. Member State(s) of destination | Number of days: | | | | |
| 24. Number of entries requested Single entry Two entries Multiple entries 26. Schengen visas issued during th | _ | | | | |
| No Yes. Date(s) of val | _ | | | | |
| 27. Fingerprints collected previously | | | | | |

The field marked with * shall not be filled in by family members of EU,EEA or CH citizens (spous, 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.

(x) Fields 1-3 shall be filled in accordance with the data in travel document.

Photo

| 28. Entry permit for the final country of destination, where applicable | | | | | | For official use only | |
|--|------------------------|-----------|--|---------------------|---|-----------------------|--|
| Issued byUntilUntil | | | | | | | |
| 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) Telephone and telefax temporary accommodation(s) Telephone and telefax | | | | | | | |
| * 32. Name and address 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 traveling and living during the applicant's stay is covered | | | | | | | |
| | | | ne sponsor (host, company, organisation), please specify | | | | |
| Means of support | | | | other (please speci | | | |
| Cash | Means o | f suppo | ort – | | , | | |
| Traveler's cheques | Cas | n | | | | | |
| Credit card | | ommoda | ation provided | | | | |
| Prepaid accommodation | All e | xpense | s covered during | the stay | | | |
| Prepaid transport | Prep | aid tran | nsport | | | | |
| Other (please specify) | Other (please specify) | | | | | | |
| 34. Personal data of the family member w Surname | | | | | | | |
| Date of birth Nationality Number of travel document or ID card | | | | | | | |
| 35. Family relationship with an EU, EEA, or CH citizen | | | | | | | |
| spouse child | | | | | | | |
| 36. Place and date 37. Signature (for minors, signature of parental authority/legal guardian) | | | | | | | |
| I am aware that the visa fee is not refunde | ed if the vis | a is refu | sed. | | | | |
| 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 State. | | | | | | | |
| 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) (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 purpose 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 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: FPS Foreign Affairs, Foreign Trade and Development Cooperation <i>rue des Petits Carmes 15 1000 Brussels Belgium</i> . | | | | | | | |
| 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 the 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 national law of the State concerned. The national supervisory authority of the Member State (Commission for the Protection of Privacy - 139, rue Haute, 1000 Brussels) 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 statement 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 State 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 European territory of the Member States. | | | | | | | |
| Place and date Signature (for minors, signature of parental authority/legal gu | | | | | | lian) | |