

STAMP

## Schengen Visa Application

This application form is free of charge

РНОТО	

1. Surname (Family name) (x)			FOR OFFICIAL USE ONLY				
2. Surname at birth (Former family name(s)) (x)				Date of application:			
3. First name(s) (Given name(s)) (x)			Visa application number:  Application lodged at  Embassy/consulate				
4. Date of birth (day-month-year)	<ul><li>5. Place of birth</li><li>6. Country of bi</li></ul>			ent nationality	CAC Service provider		
8. Sex male female	9. Marital si Single Widow(er	Married v S	eparate		Name:		
In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian     National identity number, where applicable			File handled by:  Supporting documents:  Travel document  Means of subsistence Invitation  Means of transport  TMI				
12. Type of travel document Ordinary passport Diplomatic passport Service passport Official passport Special passport Other travel document (please specify)							
13. Number of travel document 14.	Date of issue 15. Valid until 16. Issued by		Other:				
17. Applicant's home address:  E-mail address:			Telep	phone number(s)	Visa decision: Refused: Issued: A C VTBG		
18. Residence in a country other than the country of current nationality			Valid:				
No Yes  Residence permit or equivalent			To:				
19. Current occupation  *20. Employer and employer's educational establishment.	address and tele	ephone numl	oer. Fo	or students, name a	Number of entries: address of  1 2 Multiple  Number of days:		

<sup>\*</sup> The fields marked with \* shall not 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. (x) Fields 1-3 shall be filled in accordance with the data in the travel document.

21. Main purpose(s) of the journey:  Tourism Business Visiting family or friends Cultural Sports Official visit				
Medical reasons				
Study Transit Airport transit	Other (please s	pecify)		
22. Member State(s) of destination		23. Member State of first entry		
24. Number of entries requested		25. Duration of the intended stay or transit		
Single entry Two entries Multiple entries		Indicate number of days		
26. Schengen visas issued during the past three	e years No Y	es: date(s) of validity from to		
27.Fingerprints collected previously for the pr	urpose of applying for	a Schengen visa		
No Yes.	Date, if known			
28. Entry permit for the final country of destination, where applicable  Issued by				
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 of inviting person(s)/hotel(s)/temporary accommodation(s)				
Email address:		Telephone nr:		
*32. Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation				
*33. Cost of travelling and living during the a	pplicant's stay is cover	red		
	by a sponsor (host, company, organisation), please specify: referred to in field 31 or 32 other (please specify)			
**	Means of support  Cash			
	Accommodation provided			
	All expenses covered during the stay			
1	Pre-paid transport Other (please specify)			
Other (please specify)				
34. Personal data of the family member who is 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 an EU, EEA or CH citizen				
spouse chile	i .	grandchild dependent ascendant		
36. Place and date	37. Signature	(for minors, signature of parental authority/legal guardian)		

<sup>\*</sup> The fields marked with \* shall not 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.

I am aware that the visa fee is not refunded if the visa is refused.

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.

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) 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 fulfil 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:

Ministry of Foreign Affairs, Piazzale della Farnesina n.1, 00194 Roma.

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 (Garante per la protezione dei dati personali, Piazza Montecitorio n. 121, 00187 Roma) 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 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	Signature (for minors, signature of parental authority/legal guardian):

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Insofar as the VIS is operational.