



Application for Schengen visa

This application form is free

ΡΗΟΤΟ

1. Surname (Family name) (x)						For official use only
	Date of application :					
2. Surname at birth (Former family	Visa application number :					
3. First name(s) (Given name(s)) (x)					File handled by :
4. Date of birth (day-month-year)	5. Place	of birth :		7. Current nationality :		
	6. Country of birth :			Nationality at bir		Application lodged at : □ Embassy/consulate
8. Sex		9. Marital Status	9. Marital Status			□ CAC □ Service provider
☐ Male ☐ Female		Other (please specify)			 Commercial intermediary Border 	
10. In the case of minors: Surname authority/legal guardian	Name :					
	□ Other					
11. National identity number, whe12. Type of travel document	Supporting documents :					
Ordinary passport Dip	-		port 🗌 Official p	assport	Special passport	□ Travel document
Other travel document (pla	 Means of subsistence Invitation 					
13. Travel document number	14.	Date of issue	15. Valid until		16. Issued by	□ Means of transport □ TMI
				T 1		□ Other:
17. Applicant's home address and	e-mail addi	ress		1 ele	phone number(s)	
						Visa decision : □ Refused
						□ Issued :
18. Residence in a country other than the country of current nationality No Yes : Residence permit or equivalent N°Valid untilValid untilValid until						□ A □ C □ LTV
* 19. Current occupation	1	1				□ Valid :
 * 20. Employer and employer's address and telephone number. For students, name and address of educational 						From
establishment.	Until					
						Number of entries : -1 - 2 - N bit
21. Main purpose(s) of the journe	-					$\square 1 \square 2 \square $ Multiple Number of days :
☐ Tourism ☐ Business ☐ ☐ Medical reasons ☐ Trai		imily or friends 📋 Cu irport transit 🔲 Oth			al visit 📋 Study	Number of days
22. Member State(s) of destination		-	Member State of f			
				5		
24. Number of entries requested ☐ Single entry ☐ Two entries ☐ Multiple entries				ration of number	the intended stay or transit of days :	
26. Schengen visas issued during		-				-
$\square No$		/	I		,	
Yes. Date(s) of validity 27. Fingerprints collected previou				, .	//	_
□ No □ Yes. Date, if kno						
28. Entry permit for the final cou Issued by	~			ur	til	

* 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.

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

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 accom-	nmodation(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 travelling and living during the applicant's stay is covered								
 by the applicant himself/herself Means of support Cash Traveller's cheques Credit card Pre-paid accommodation Pre-paid transport Other (please specify) : 	 by a sponsor (host, company, organisation), Please specify referred to in field 31or 32 other (please specify) : Means of support Cash Accomodation provided All expenses covered during the stay Pre-paid transport 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 Numb	nber 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 minors, signature of parental authority / legal guardian)								
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) 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, 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 Europol for the purposes of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Member State anot to reuces notification of the data is: <i>Commission Nationale de l'Informatique et des Libertés – 8, rue Visieme – 7083 PARIS eedex 02</i> I am aware that 1 have the right to obtain in any of the Member States notification of the 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 sont one andimase tightso on orecord on data. I declare that to the								
Place and date	Signature (for minors, signature of parental author	rity/legal guardian):						

(1) Insofar as the VIS is operational

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