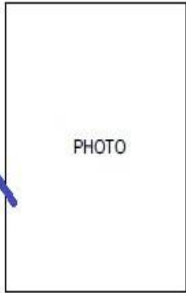




AFFIX THE PHOTOGRAPH AS PER

Application for Schengen Visa
This application form is free



NAME SHOULD BE AS PER THE PASSPORT

1. Surname (Family name) (x) KUMAR				For official use only	
2. Surname at birth (Former family name(s)) (x)				Date of application:	
3. First name(s) (Given name(s)) (x) SHANTHA				Visa application number:	
4. Date of birth (day-month-year) 23/06/1980	5. Place of birth BANGALORE	7. Current nationality Nationality at birth, if different: -----		Application lodged at	
6. Country of birth INDIA				<input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border	
8. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		9. Marital status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify)		Name:	
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian NA				<input type="checkbox"/> Other	
11. National identity number, where applicable NA				Not handled by:	
12. Type of travel document <input checked="" type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify)				Supporting documents:	
13. Number of travel document MENTION K0124531		14. Date of issue 2/1/2013	15. Valid until 23/01/2029	<input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Other:	
16. Issued by RPO BANGALORE		17. Applicant's home address and e-mail address CURRENT ADDRESS OF APPLICANT		<input type="checkbox"/> Refused <input type="checkbox"/> Issued:	
Telephone number(s) 919984501451 TWO ALTERNATIVE 919880102142		18. Residence in a country other than the country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent No Valid until		<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LTV	
* 19. Current occupation MENTION DESIGNATION				<input type="checkbox"/> Valid From Until	
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment. COMPLETE OFFICE ADDRESS WHERE YOUR WORKING				Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple	
21. Main purpose(s) of the journey: <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reasons <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify)				Number of days:	

MENTION MINOR DETAILS IF ITS APPLICABLE

CHOOSE APPROPRIATE CATEGORY

22. Member State(s) of destination NETHERLANDS	23. Member State of first entry	
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input checked="" type="checkbox"/> Multiple entries	25. Duration of the intended stay or transit Indicate number of days TOTAL NUMBER OF DAYS IN SCHENGEN AREA	

AS PER THE TICKET
(ONLY SCHENGEN
STATE CONSIDERED)

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 in accordance with the data in the travel document.

26. Schengen visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from to		SCHENGEN VISA ISSUED DURING THE PAST 3 YEARS	
27. Fingerprints collected previously for the purpose of applying for a Schengen visa <input type="checkbox"/> No <input type="checkbox"/> Yes Date, if known		MENTION NA	
28. Entry permit for the final country of destination, where applicable Issued by Valid from until		APPLICABLE ONLY IN TRANSIT CASE	
29. Intended date of arrival in the Schengen area 10/3/2015	30. Intended date of departure from the Schengen area 11/4/2015		
* 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) HOTEL NAME			
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s) HOTEL ADDRESS		Telephone and telefax CONTACT NUMBER	
* 32. Name and address of inviting company/organisation INVITING COMPANY NAME & INVITING COMPANY ADDRESS		Telephone and telefax of company/organisation CONTACT NUMBER	
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation SPONSOR NAME			
* 33. Cost of travelling and living during the applicant's stay is covered			
<input type="checkbox"/> by the applicant himself/herself		<input type="checkbox"/> by a sponsor (host, company, organisation), please specify	
Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)		<input type="checkbox"/> referred to in field 31 or 32 <input type="checkbox"/> other (please specify)	
YOU CAN CHOOSE ANY OPTION		ALWAYS CHOOSE THIS OPTION	
Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)			

ACCOMMODATION DETAILS
NEEDS TO BE MENTIONED, IF
SOME IS INVITING THERE
ADDRESS HAS TO BE
MENTIONED

THIS COLUMN IS USED
ONLY FOR BUSINESS
PURPOSE FOR TOURIST
AND OTHER CATEGORY
MENTION NA

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	
	NA		
35. Family relationship with an EU, EEA or CH citizen <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant			
36. Place and date MENTION DATE OF SUBMISSION AND PLACE		37. Signature (for minors, signature of parental authority/legal guardian)	

IF ITS APPLICABLE
MENTION THE
DETAILS OR
MENTION NA

SIGNATURE OF THE
APPLICANT IF IT'S FOR MINOR
(BELOW 18YEAR) FATHER AND
MOTHER OR LEGAL GUARDIAN
SIGNATURE IS REQUIRED

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 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: [...].

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 [contact details] 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 MENTION DATE OF SUBMISSION AND PLACE	Signature (for minors, signature of parental authority/legal guardian):
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SIGNATURE OF THE APPLICANT
IF IT'S FOR MINOR (BELOW
18YEAR) FATHER AND
MOTHER OR LEGAL GUARDIAN
SIGNATURE IS REQUIRED

⁽¹⁾ In so far as the VIS is operational.

