



# Application for Schengen Visa

This application form is free

PHOTO

1. Surname (Family name) (x) <b>SOYADINIZ</b>				FOR OFFICIAL USE ONLY	
2. Surname at birth (Former family name(s)) (x) <b>KIZLIKSOYADINIZ</b>				Date of application: <b>PASAPORTTA YAZILDIĞI GIBI OLMALIDIR</b>	
3. First name(s) (Given name(s)) (x) <b>ADINIZ</b>				Visa application number:	
4. Date of birth (day-month-year) <b>DOĞUM TARİHİNİZ</b> <b>GÜN-AY-YIL</b>	5. Place of birth <b>DOĞUM YERİNİZ</b>	6. Country of birth <b>TUR (sadece ülke kodu yazınız)</b>	7. Current nationality Nationality at birth, if different: <b>TUR (sadece ülke kodu yazınız)</b>	Application lodged at <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC	
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <b>ERKEK KADIN</b> <b>CİNSİYETİNİZ</b>		9. Marital status <input type="checkbox"/> BEKAR Single <input type="checkbox"/> EVLİ Married <input type="checkbox"/> AYRI Separated <input checked="" type="checkbox"/> BOŞANMIŞ Divorced <input type="checkbox"/> DUL Widow(er) <input type="checkbox"/> DİĞER(LÜTFEN BELİRTİNİZ) Other (please specify) <b>MEDENİ HALİNİZ</b>		Name: <input type="checkbox"/> Other <b>BOŞANMIŞANIZ SAĞDAKI DIVORCED SEÇİLMELİDİR</b>	
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian <b>18 YAŞINDAN KÜÇÜKLER İÇİN VELİSİNİN YADA YASAL EBEVEYNİN SOYADI,ADI,ADRESİ (EĞER ÇOCUĞUYLA AYNI ADRESTE OTURMUYORSA) VE UYRUĞU</b>				File handled by:	
11. National identity number, where applicable <b>TC KİMLİK NUMARASI (VARSA)</b>				Supporting documents: <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:	
12. Type of travel document <b>SEYAHAT EDECEĞİ BELGE TÜRÜ</b> <input checked="" type="checkbox"/> NORMAL BORDO PASAPORT <input checked="" type="checkbox"/> DİPLOMATİK MAVİ BENK <input type="checkbox"/> GRI RENK GÖREV PASAPORTU <input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input checked="" type="checkbox"/> Official passport <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify) <b>YEŞİL PASAPORT</b>				Decision: <input type="checkbox"/> Refused <input type="checkbox"/> Issued: <input type="checkbox"/> A	
13. Number of travel document <b>PASAPORT NUMARASI</b> <b>U 1234567</b>	14. Date of issue <b>VERİLİŞ TARİHİ</b>	15. Valid until <b>GEÇERLİLİK BİTİŞ TARİHİ</b>	16. Issued by <b>TUR (sadece ülke kodu yazınız)</b>	Decision: <input type="checkbox"/> Refused <input type="checkbox"/> Issued: <input type="checkbox"/> A	
17. Applicant's home address and e-mail address <b>EV ADRESİ VE EMAIL ADRESİ</b>				Telefon: <b>CEP TELEFONU YAZINIZ</b>	
18. Residence in a country other than the country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Residence permit or equivalent <b>UYRUĞU OLDUĞU ÜLKEDE OTURUYORSA EVET(YES) BAŞKA ÜLKEDE OTURUYORSA HAYIR(NO) OTURUM İZİNİ VEYA EŞDEĞER BELGE VARSANININ NO VE GEÇERLİLİK BİTİŞ TARİHİNİ YAZINIZ</b>				Valid until: <input type="checkbox"/> Valid:	
* 19. Current occupation <b>MESLEĞİNİZİ İNGİLİZCE OLARAK YAZINIZ. ÖRNEĞİN ÇALIŞAN YERİNE EMPLOYER YAZILMASI GEREKİR</b>				From	
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment. <b>İŞVEREN ADI, ADRESİ VE TELEFON NUMARASI</b> <b>ÖĞRENCİ İSE OKULUN ADI VE ADRESİ VE TELEFON NUMARASI</b>				Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple	
21. Main purpose(s) of the journey: <b>SEYAHAT AMACI</b> <input type="checkbox"/> TURİZM <input type="checkbox"/> TİCARİ <input type="checkbox"/> AİLE/ARKADAŞ ZİYARETİ <input type="checkbox"/> KÜLTÜREL <input type="checkbox"/> SPOR TİF <input type="checkbox"/> RESMİ ZİYARET <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) <b>TEDAVİ AMAÇLI ÖĞRENİM TRANSİT HAVAALANI TRANSİT DİĞER (BELİRTİNİZ)</b>				Number of days:	

**ÇALIŞMIYORSANIZ PARANTEZ İÇİNDE MESLEĞİNİZİ YAZINIZ**

**BURAYA ÜLKE KODU YAZINIZ (ÖR:CZE KODU ÇEK CUMHURİYETİ İÇİNDİR)****(BİRDEN FAZLA ÜLKEYE SEYAHAT EDECEKSENİZ BÜTÜN ÜLKELERİN KODLARINIZI YAZMANIZ GEREKİR.)**

22. Member State(s) of destination <b>SEYAHAT EDECEĞİNİZ ÜLKE</b>	23. Member State of first entry <b>İLK GİRİŞ YAPACAĞINIZ ÜLKE</b>	
24. Number of entries requested <b>TALEP ETTİĞİNİZ GİRİŞ</b> <input type="checkbox"/> <b>TEK GİRİŞ</b> Single entry <input type="checkbox"/> <b>İKİ GİRİŞ</b> Two entries <input type="checkbox"/> <b>ÇOKLU GİRİŞ</b> Multiple entries	25. Duration of the intended stay or transit Indicate number of days <b>TALEP ETTİĞİNİZ GÜN SAYISINI BELİRTİNİZ</b> <b>SADECE SEYAHATİNİZ KADAR GÜN YAZINIZ.KONSOLOSLUK UYGUN GÖRÜRSE DAHA UZUN VERECEKTİR</b>	

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.

**AVRUPA BİRLİĞİ VATANDAŞI EŞİ, KIZI, YAKINI OLAN KİŞİLER İŞARETLİ OLAN 31,32,33. MADDELERİ DOLDURMASINLAR. BU KİŞİLER YAKINI OLDUĞU AVRUPA BİRLİĞİ VATANDAŞI OLAN KİŞİNİN BİLGİLERİNİ 34. VE 35. MADDEDEKİ ANLARA DOLDURUM KANITLAYICI BELGELERİ BAŞVURUYA EKLEYECEKTİR**

26. Schengen visas issued during the past three years <input type="checkbox"/> No <b>SON 3 YIL İÇİNDE ALMIŞ OLDUĞUNUZ SCHENGEN VİZELERİ (3 YILDAN ESKİ ANLARI KESİNLİKLE YAZMAYINIZ. 3 YIL İÇİNDE BİRKAÇ TANE VARSA HEPSİNİ BELİRTİNİZ)</b> <input type="checkbox"/> Yes <input type="checkbox"/> Date(s) of validity from ..... to ..... <b>VİZE BAŞLANGIÇ TARİHİ</b> <b>VİZE BİTİŞ TARİHİ</b>	
27. Fingerprints collected previously for the purpose of applying for a Schengen visa <input type="checkbox"/> No <b>SCHENGEN VİZESİ İÇİN PARMAK İZİ VERDİNİZ Mİ?</b> <input type="checkbox"/> Yes Date, if known ..... <b>PARMAKIZI VERDİĞİNİZ TARİHİ HATIRLIYORSANIZ BELİRTİNİZ</b>	
28. Entry permit for the final country of destination, where applicable <b>BAZİ DURUMLARDA SEYAHAT EDECEĞİNİZ SON ÜLKE İÇİN GİRİŞ İZİNİ</b> Issued by ..... Valid from ..... until .....	
29. Intended date of arrival in the Schengen area <b>SEYAHAT ETMEYİ PLANLADIĞINIZ GİRİŞ TARİHİ</b>	30. Intended date of departure from the Schengen area <b>SEYAHAT ETMEYİ PLANLADIĞINIZ ÇIKIŞ TARİHİ</b>
* 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) <b>• DAVET EDEN KİŞİNİN SOYADI VE ADI</b> <b>• HOTELİN VEYA GEÇİCİ KONAKLAMA YERİNİN ADI (BİRKAÇ FARKLI HOTEL VARSA HEPSİNİ BELİRTİNİZ)</b> <b>• TEK SEYAHATTE FARKLI ÜLKELERE SEYAHAT EDECEKSENİZ SADECE ÇEK CUM. HOTELİNİ YAZINIZ.</b>	<b>29.-30. MADDELER 25. MADDE İLE TUTARLI OLMASI GEREKİR. GİRİŞ VE ÇIKIŞ TARİHİ ARASINDA 7 GÜN VARSA 25.MADDE 7 GÜN OLARAK BELİRTİLMELİ</b>
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s) <b>• DAVET EDEN KİŞİNİN ADRESİ</b> <b>• HOTELİN ADRESİ</b>	Telephone and telefax <b>TELEFONU</b>
* 32. Name and address of inviting company/organisation <b>DAVET EDEN ŞİRKET VEYA ORGANİZASYONUN ADI VE ADRESİ</b>	Telephone and telefax of company/organisation <b>DAVET EDEN ŞİRKET VEYA ORGANİZASYONUN TELEFON NUMARASI</b>
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation <b>ŞİRKET VEYA ORGANİZASYONDA İLETİŞİME GEÇİLEN KİŞİNİN SOYADI, ADI, ADRESİ, TELEFONU EMAIL ADRESİ</b>	
* 33. Cost of travelling and living during the applicant's stay is covered <b>SEYAHAT MASRAFLARI NASIL KARŞILANIYOR AŞAĞIDA İŞARETLEYİNİZ</b>	
<input type="checkbox"/> by the applicant himself/herself <b>KENDİM KARŞILIYORUM</b>	<input type="checkbox"/> by a sponsor (host, company, organisation), please specify <b>SPONSOR KARŞILIYOR (ŞİRKET YADA ORGANİZASYON)</b>
Means of support <input type="checkbox"/> Cash <b>NAKİT</b> <input type="checkbox"/> Traveller's cheques <b>SEYAHAT ÇEKİ</b> <input type="checkbox"/> Credit card <b>KREDİ KARTI</b> <input type="checkbox"/> Prepaid accommodation <b>ÖNCEDEN ÖDENMİŞ KONAKLAMA</b> <input type="checkbox"/> Prepaid transport <b>ÖNCEDEN ÖDENMİŞ ULAŞIM</b> <input type="checkbox"/> Other (please specify) <b>DİĞER (BELİRTİNİZ)</b>	Means of support <input type="checkbox"/> Cash <b>NAKİT</b> <input type="checkbox"/> Accommodation provided <b>KONAKLAMA SAĞLANIYOR</b> <input type="checkbox"/> All expenses covered during the stay <b>SEYAHAT BOYUNCA TÜM MASRAFLAR</b> <input type="checkbox"/> Prepaid transport <b>ÖNCEDEN ÖDENMİŞ ULAŞIM</b> <input type="checkbox"/> Other (please specify) <b>DİĞER (BELİRTİNİZ)</b>

**31. VE 32. MADDELERDE BELİRTİLEN KİŞİ (EĞER SİZİ DAVET EDEN YAKININIZ VEYA ARKADAŞINIZ KARŞILIYORSA BURAYI İŞARETLEYİNİZ**

**DİĞER (BELİRTİNİZ)**

34. Personal data of the family member who is an EU, EEA or CH citizen <b>AŞAĞIDAKİ BÖLÜME AVRUPA BİRLİĞİ ÜYESİ OLAN AİLE BİREYİNİN BİLGİLERİNİ YAZINIZ.</b>		<b>AVRUPA BİRLİĞİ ÜYESİ OLAN AİLE BİREYİNİN BİLGİLERİNİ YAZINIZ.</b>	
Surname <b>SOYADI</b>	First name(s) <b>ADI</b>		
Date of birth <b>DOĞUM TARİHİ</b>	Nationality <b>UYRUĞU</b>		Number of travel document or ID card <b>SEYAHAT BELGESİ NUMARASI VEYA VATANDAŞLIK NUMARASI</b>
35. Family relationship with an EU, EEA or CH citizen <b>AVRUPA BİRLİĞİ ÜYESİ KİŞİNİN YAKINI MİSİNİZ?</b> <input type="checkbox"/> spouse <b>EŞİ</b> <input type="checkbox"/> child <b>ÇOCUĞU</b> <input type="checkbox"/> grandchild <b>TORUNU</b> <input type="checkbox"/> dependent ascendant <b>YAKINI</b>			
36. Place and date <b>BAŞVURU YAPTIĞINIZ YER VE TARİH</b>	37. Signature (for minors, signature of parental authority/legal guardian) <b>İMZA (15 YAŞINDAN KÜÇÜKLER İÇİN VELİNİN/YASAL VASİNİN İMZASI) (HEM ANNE HEM DE BABA'NIN İMZA ATMASI GEREKMEKTEDİR)</b>		

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: Ministry of Foreign Affairs, Loretánské náměstí 5, CZ-118 00 Praha 1; Directorate of Alien Police, Olšanská 2, P.O. BOX 78, CZ-130 51 Praha 3 and Ministry of the Interior, Nad Štolou 3, CZ-170 34 Praha 7.

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 will hear claims concerning the protection of personal data: Office for Personal Data Protection, Pplk. Sochora 727/27, CZ-170 00 Praha 7.

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 <b>BAŞVURU YAPTIĞINIZ YER VE TARİH</b>	Signature (for minors, signature of parental authority/legal guardian): <b>İMZA (15 YAŞINDAN KÜÇÜKLER İÇİN VELİNİN/YASAL VASİNİN İMZASI) (HEM ANNE HEM DE BABA'NIN İMZA ATMASI GEREKMEKTEDİR)</b>
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<sup>1</sup> In so far as the VIS is operational.