

РНОТО

Application for a Schengen Visa to Iceland

This application form is free

| 1. Surname (Family name) (x) | | | | | FOR OFFICIAL USE ONLY | |
|--|----------------------|--|---|------------|---|--|
| 2. Surname at birth (Form | Da | Date of application: Visa application number: | | | | |
| 3. First name(s) (Given na | Vi | | | | | |
| Date of birth (day-month-year) Place of bir Country of | | | 7.Current nationality Nationality at birth, if diffe | rent: | Application lodged at Embassy/consulate CAC Service provider Commercial intermediary | |
| 8. Sex 🔿 Male 🕻 | Female | 9. Marital status OSingle OMarried OOther (please spe | OSeparated ODivorced (ccify) | OWidow(er) | Border | |
| 10. In the case of minors: | | ame: | | | | |
| authority/legal guardian | | | | | Other | |
| 11. National identity numb | Fil | le handled by: | | | | |
| 12. Type of travel docume Ordinary passport Other travel document 13. Number of travel docu | Su D | upporting documents: Travel document Means of subsistence | | | | |
| TS. Number of travel docu | ment 14. Date of iss | ue 15. Valid until | 16. Issued by | | Invitation Means of transport TMI | |
| 17. Applicant's home addr | | Other: | | | | |
| 18. Residence in a countr ONo OYes. Residence permi | | | | | | |
| * 19. Current occupation | | | | | LTV | |
| * 20. Employer and emplo establishment. | | Valid: om ntil | | | | |
| Official visit | | /isiting family or friend | s O Cultural | O Sports □ | umber of entries: 1 ⊡ 2 ⊡ Multiple | |
| O Medical reasons O Study | Transit OA | sirport transit | O Other (please s | | umber of days: | |
| | | | | | | |

| 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 Indicate number of days | | |
| Single entry Two entries | | | |
| Multiple entries | | | |

* 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.

| Schengen visas issued during the past three No | years | | | | |
|---|---|--|--|--|--|
| Yes. Date(s) of validity from | to | | | | |
| 27. Fingerprints collected previously for the purp | ose of applying for a Schengen visa | | | | |
| O No O Yes. | | | | | |
| | Date, if known | | | | |
| 28. Entry permit for the final country of destination | on, where applicable | | | | |
| Issued by | | | | | |
| Valid from until | | | | | |
| 29. Intended date of arrival in the Schengen are | a 30. Intended date of departure from the Schengen area | | | | |
| * 31. Surname and first name of the inviting pers | son(s) in the Member State(s). If not applicable, name of hotel(s) or | | | | |
| temporary accommodation(s) in the Member Sta | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Address and e-mail address of inviting person(s) |)/hotel(s)/temporary Telephone and telefax | | | | |
| accommodation(s) | | | | | |
| | | | | | |
| | | | | | |
| *32. Name and address of inviting company/orga | anization Telephone and telefax of company/organization | | | | |
| | company/organization | | | | |
| | | | | | |
| Surname, first name, address, telephone, telefax | x, and e-mail address of contact person in company/organization | | | | |
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| | | | | | |
| *22. Cost of travalling and living during the second | | | | | |
| *33. Cost of travelling and living during the appli | cant's stay is covered | | | | |
| | | | | | |
| | | | | | |
| O by the applicant himself/herself | O by a sponsor (host, company, organization), please specify | | | | |
| | referred to in field 31 or 32 | | | | |
| | dther (please specify) | | | | |
| Means of support Cash | Means of support | | | | |
| Traveler's cheques | □ Cash | | | | |
| Credit card | Accommodation provided | | | | |
| Pre-paid accommodation Pre-paid transport | commodation All expenses covered during the stay | | | | |
| Other (please specify) | Other (please specify) | | | | |
| | | | | | |

| 34. Personal data of the family member who | is an EU, EEA or CH citize | en | | |
|--|---|---|---|---|
| Surname | First nam | First name(s) | | - |
| Date of birth | Nationality | | Number of travel document or ID card | |
| 35. Family relationship with an EU, EEA or C | CH citizen | | | - |
| spouse Child | | grandchild | dependent ascendant | |
| 36. Place and date | 37. Signature (for min guardian) | ors, signature of par | ental authority/legal | |
| I am aware that the visa fee is not refunded i | f the visa is refused. | | | |
| Applicable in case a multiple-entry visa is ap I am aware of the need to have an adequate | | my first stay and any | subsequent visits to the ter | rritory of Member States. |
| I am aware of and consent to the following: th the taking of fingerprints, are mandatory for th application form, as well as my fingerprints an authorities, for the purposes of a decision on r | e examination of the visa app d my photograph will be supp | plication; and any pers | sonal data concerning me v | which appear on the visa |
| Such data as well as data concerning the dec into, and stored in the Visa Information System authorities competent for carrying out checks Member States for the purposes of verifying w fulfilled, of identifying persons who do not or w such examination. Under certain conditions th of the prevention, detection and investigation of for processing the data is the Icelandic Directo | (VIS) for a maximum period c on visas at external borders a thether the conditions for the ho no longer fulfil these cond e data will be also available t terrorist offences and of othe | of five years, during w and within the Membe legal entry into, stay a ditions, of examining a to designated authoriti er serious criminal offe | hich it will be accessible to r States, immigration and a and residence on the territo n asylum application and o ies of the Member States a ences. The authority of the | the visa authorities and the asylum authorities in the ory of the Member States are of determining responsibility for nd to Europol for the purpose |
| I am aware that I have the right to obtain in ar which transmitted the data, and to request tha deleted. At my express request, the authority personal data concerning me and have them The national supervisory authority of that Men claims concerning the protection of personal of | t data relating to me which ar examining my application will corrected or deleted, including aber State the Data Protection | re inaccurate be corre I inform me of the mar Ig the related remedie | ected and that data relating nner in which I may exercis s according to the national | to me processed unlawfully be e my right to check the law of the State concerned. |
| I declare that to the best of my knowledge all application being rejected or to the annulment which deals with the application. | | | | |
| I undertake to leave the territory of the Membro of the prerequisites for entry into the Europea be entitled to compensation if I fail to comply therefore refused entry. The prerequisites for | n territory of the Member Stat with the relevant provisions o | tes. The mere fact that of Article 5 ⁱ of Regulati | at a visa has been granted on (EC) No 562/2006 (Sch | to me does not mean that I will engen Borders Code) and I am |
| Place and date | Signature (for minors, | signature of parenta | al authority/legal guardian |): |
| | | | | |