

## TOURIST CHECKLIST

		YES	NO
1	Application Form duly filled in and signed by the applicant		
2	One recent passport size photograph in colour with white background (3.5cm X 4.5cm)		
3	Passport/Travel document must:		
	a) Have a validity of at least 3 months after the scheduled return		
	b) Have been issued within the previous 10 years		
	c) Have 2 blank pages		
4	Certificate of the travel agency of the prepaid program or in the case of an individual visit the reservation of accomodation		
5	<ul style="list-style-type: none"> <li>• Salary slip of the last 3 months from the employer</li> <li>• 3 years ITR</li> <li>• Approval for Holidays from employer</li> </ul>		
6	Detailed bank account statement of the applicant of the last 3 months / original		
7	Pension slip of the last 3 months (if applicable)		
8	Certificate of Registration of the company in the case of self employed and ITR of the company for the last 3 years (if applicable)		
9	<p><b>Minors:</b></p> <ul style="list-style-type: none"> <li>- If the minor is travelling with only one parent, written consent certified by public notary of the other parent or guardian,, except in cases of a parent having sole custody or guardianship- the proof must be provided:</li> <li>- If the minor travels alone (without parents), written consent, certified by public notary, of both parents or guardians having custody or guardiandhip of the minor</li> <li>- Copy of identification document(s) (with signature and photograph) of the parent(s)/guardians having custody / guardianship of the applicant.</li> </ul>		
10	Travel Itinerary with travel dates, including a return flight reservation or ticket		
11	Overseas travel medical insurance valid for all Schengen countries. The insurance has to cover the applicant for at least 30,000 Euros or equivalent , for all risks e.g. accident, illness, medical emergency, evacuate of arrival and departure.		

Contact of applicant (Tel): \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Passport No. \_\_\_\_\_

Date of Submission: \_\_\_\_\_ Place of Submission: \_\_\_\_\_

Signature of the applicant: \_\_\_\_\_

Accepted By: \_\_\_\_\_