

Harmonised application form

Application for Cyprus Visa

This application form is free



Family members of EU, EEA or CH citizens or of UK nationals who are beneficiaries of the EU-UK Withdrawal Agreement shall not fill in fields No 21, 22, 30, 31 and 32 (marked with *).

Fields 1–3 shall be filled in in accordance with the data in the travel document.

1. Surname (Family name):			For official use only Date of application: Application number:
2. Surname at birth (Former family name(s)):			
3. First name(s) (Given name(s)):			
4. Date of birth (day-month-year):	5. Place of birth: 6. Country of birth:	7. Current nationality: Nationality at birth, if different: Other nationalities:	Application lodged at: <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary
8. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	9. Civil status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Registered Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify):		<input type="checkbox"/> Border (Name): ... <input type="checkbox"/> Other:
10. Parental authority (in case of minors)/legal guardian (surname, first name, address, if different from applicant's, telephone No, email address, and nationality):			File handled by:

11. National identity number, where applicable:				Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation
12. Type of travel document: <input 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):				
13. Number of travel document:	14. Date of issue:	15. Valid until:	16. Issued by (country):	<input type="checkbox"/> TMI <input type="checkbox"/> Means of transport <input type="checkbox"/> Other: Visa decision: <input type="checkbox"/> Refused <input type="checkbox"/> Issued: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LTV <input type="checkbox"/> Valid: From: Until:
17. Personal data of the family member who is an EU, EEA or CH citizen or a UK national who is a beneficiary of the EU-UK Withdrawal Agreement, if applicable				
Surname (Family name):		First name(s) (Given name(s)):		
Date of birth (day-month-year):	Nationality:	Number of travel document or ID card:		
18. Family relationship with an EU, EEA or CH citizen or a UK national who is a beneficiary of the EU-UK Withdrawal Agreement, if applicable: <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant <input type="checkbox"/> registered partnership <input type="checkbox"/> other:				

19. Applicant's home address and email address:		Telephone no.:	
20. 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...			
*21. Current occupation:		Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple Number of days:	
*22. Employer and employer's address and telephone number. For students, name and address of educational establishment:			
23. 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"/> Airport transit <input type="checkbox"/> Other (please specify):			
24. Additional information on purpose of stay:			
25. Member State of main destination (and other Member States of destination, if applicable):	26. Member State of first entry:		
27. Number of entries requested: <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries			

<p>Intended date of arrival of the first intended stay in the Schengen area:</p> <p>Intended date of departure from the Schengen area after the first intended stay:</p>		
<p>28. Fingerprints collected previously for the purpose of applying for a Schengen visa: <input type="checkbox"/> No <input type="checkbox"/> Yes.</p> <p>Date, if known ... Number of the visa, if known ...</p>		
<p>29. Entry permit for the final country of destination, where applicable:</p> <p>Issued by ... Valid from ... until ...</p>		
<p>*30. 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):</p>		
<p>Address and email address of inviting person(s)/hotel(s)/temporary accommodation(s):</p>	<p>Telephone No:</p>	
<p>*31. Name and address of inviting company/organisation:</p>		
<p>Surname, first name, address, telephone No, and email address of contact person in company/organisation:</p>	<p>Telephone No of company/organisation:</p>	

*32. Cost of travelling and living during the applicant's stay is covered:		
<input type="checkbox"/> by the applicant Means of support: <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Pre-paid accommodation <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> by a sponsor (host, company, organisation), please specify: ... <input type="checkbox"/> referred to in field 30 or 31 ... <input type="checkbox"/> other (please specify): Means of support: <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify):	
33. Surname and first name of the person filling in the application form, if different from the applicant:		
Address and email address of the person filling in the application form:	Telephone No:	
I am aware that the visa fee is not refunded if the visa is refused.		
Applicable in case a multiple-entry visa is issued:		
I am aware of the need to have adequate travel medical insurance for my first stay and any subsequent visits to the territory of Member States.		
<p>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 application; and any personal data concerning me which appear on the 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 application.</p> <p>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) 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</p>		

