	APPLICATION FOR A VISA FOR A LONG STAY IN GREECE **THIS APPLICATION FORM IS FREE OF CHARGE**	**PHOTO**

1	SURNAME (FAMILY NAME)[1]		
2	FIRST NAME(S) (GIVEN NAME(S)[2]		
3	SURNAME AT BIRTH		
4	FORMER FAMILY NAME(S)		
5	DATE OF BIRTH (DAY-MONTH-YEAR)		
6	PLACE OF BIRTH		
7	COUNTRY OF BIRTH		
8	CURRENT NATIONALITY		
9	NATIONALITY AT BIRTH, IF DIFFERENT FROM CURRENT:		
10	SEX	MALE	
		FEMALE	
11	MARITAL STATUS	SINGLE	
		MARRIED	
		SEPARATED	
		DIVORCED	
		WIDOW(ER)	
		OTHER (PLEASE SPECIFY)	
12	IN CASE OF MINORS - DETAILS OF PARENTAL AUTHORITY/LEGAL GUARDIAN	SURNAME	
		FIRST NAME	
		ADDRESS (IF DIFFERENT FROM APPLICANT'S)	
		NATIONALITY	
13	NATIONAL IDENTITY NUMBER (WHERE APPLICABLE)		
14	TYPE OF TRAVEL DOCUMENT	ORDINARY PASSPORT	
		DIPLOMATIC PASSPORT	
		SERVICE PASSPORT	
		SPECIAL PASSPORT	
		OFFICIAL PASSPORT	
		OTHER TRAVEL DOCUMENT (PLEASE SPECIFY)	
15	NUMBER OF TRAVEL DOCUMENT		
16	DATE OF ISSUE OF TRAVEL DOCUMENT		
17	TRAVEL DOCUMENT VALID UNTIL		
18	TRAVEL DOCUMENT ISSUED BY		
19	APPLICANT'S HOME ADDRESS		
20	APPLICANT'S E-MAIL ADDRESS		
21	APPLICANT'S TELEPHONE NUMBER		
22	RESIDENCE IN A COUNTRY OTHER THAN THE COUNTRY OF CURRENT NATIONALITY	NUMBER OF RESIDENCE PERMIT OR EQUIVALENT	
		RESIDENCE PERMIT OR EQUIVALENT VALID UNTIL	
23	CURRENT OCCUPATION		

[1] In accordance with the data in the travel document.
[2] In accordance with the data in the travel document.

24	MAIN PURPOSE OF THE JOURNEY	RESIDENCE – FAMILY REUNION	
		RESIDENCE FOR EMPLOYMENT PURPOSES	
		STUDIES, RESEARCH, PRACTICAL TRAINING, VOCATIONAL TRAINING	
		RESIDENCE – COMPANY STAFF	
		RESIDENCE – INDEPENDENT FINANCIAL ACTIVITY – INVESTMENT	
		ACCREDITATION	
		OTHER (PLEASE SPECIFY)	
25	INTENDED DATE OF ARRIVAL IN GREECE		
26	APPLICANT'S ADDRESS IN GREECE		
A	**DATA OF THE INDIVIDUAL RESIDENT IN GREECE IN CASE OF APPLYING FOR A RESIDENCE VISA FOR FAMILY REUNION**		
27	SURNAME (FAMILY NAME) OF THE RESIDENT INDIVIDUAL IN GREECE		
28	FIRST NAME(S) (GIVEN NAME(S)) OF THE RESIDENT INDIVIDUAL IN GREECE		
29	DATE OF BIRTH OF THE RESIDENT INDIVIDUAL IN GREECE		
30	NATIONALITY OF THE RESIDENT INDIVIDUAL IN GREECE		
31	NUMBER OF THE RESIDENCE PERMIT OF THE RESIDENT INDIVIDUAL IN GREECE		
32	NUMBER OF PASSPORT OF THE RESIDENT INDIVIDUAL IN GREECE		
33	INDIVIDUAL RESIDENT'S ADDRESS IN GREECE		
34	INDIVIDUAL RESIDENT'S TELEPHONE		
35	INDIVIDUAL RESIDENT'S E-MAIL ADDRESS		
36	FAMILY RELATIONSHIP (OF THE APPLICANT WITH THE INDIVIDUAL RESIDENT IN GREECE)	SPOUSE	
		CHILD OF THE INDIVIDUAL RESIDENT	
		CHILD OF HIS/HER SPOUSE	
		OTHER (PLEASE SPECIFY)	
B	**DATA OF THE EMPLOYER OR THE COMPANY IN CASE OF APPLYING FOR A RESIDENCE VISA FOR EMPLOYMENT PURPOSES, INCLUDING SEASONAL WORK**		
37	SURNAME (FAMILY NAME) OF THE EMPLOYER OR NAME OF THE COMPANY		
38	FIRST NAME(S) (GIVEN NAME(S)) OF THE EMPLOYER OR NAME OF THE COMPANY		
39	SURNAME (FAMILY NAME) OF THE CONTACT PERSON IN THE COMPANY		
40	FIRST NAME(S) (GIVEN NAME(S)) OF THE CONTACT PERSON IN THE COMPANY		
41	EMPLOYER OR COMPANY'S ADDRESS		
42	EMPLOYER OR COMPANY'S TELEPHONE		
43	EMPLOYER OR COMPANY'S E-MAIL ADDRESS		
44	GREEK RESIDENCE PERMIT OR GREEK'S IDENTITY CARD OF THE EMPLOYER OR OF THE CONTACT PERSON IN THE COMPANY		
45	COMPANY'S GREEK TAX NUMBER		

C	**DATA OF THE EDUCATIONAL ESTABLISHMENT OR RESEARCH CENTRE IN CASE OF APPLYING FOR STUDYING OR RESEARCH PURPOSES, PRACTICAL TRAINING OR VOCATIONAL TRAINING**	
46	NAME OF THE EDUCATIONAL ESTABLISHMENT OR RESEARCH CENTRE	
47	ADDRESS OF THE EDUCATIONAL ESTABLISHMENT OR RESEARCH CENTRE	
48	TELEPHONE OF THE EDUCATIONAL ESTABLISHMENT OR RESEARCH CENTRE	
49	E-MAIL ADDRESS OF THE EDUCATIONAL ESTABLISHMENT OR RESEARCH CENTRE	
50	INTENDED DATE OF START OF STUDIES OR RESEARCH	
51	INTENDED DATE OF END OF STUDIES OR RESEARCH	
52	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 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)[3] 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 Greece responsible for processing the data is: Ministry of Foreign Affairs, C4 Directorate, 1 Vas. Sofias Ave. GR 10671 Athens, Tel.:+30.210.3684515, Fax:+30.210.3684180, Email: g04@mfa.gr I am aware that I have the right to obtain notification of the data relating to me recorded in the VIS 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 (Hellenic Data Protection Authority, Kifisias str 1-3, 1st floor, GR – 115 23 Athens, Tel.: +30.210.6475600, Fax:+30.210.6475628, E-mail: contact@dpa.gr} 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. 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.	
53	**I AM AWARE THAT THE VISA FEE IS NOT REFUNDED IF THE VISA IS REFUSED**	
54	PLACE	
55	DATE	
56	SIGNATURE (FOR MINORS, SIGNATURE OF PARENTAL AUTHORITY/LEGAL GUARDIAN	

[3] In so far as the VIS is operational.