

Embassy of Italy in Manila
Harmonised application form
Application for Schengen Visa
This application form is free



PHOTOGRAPH

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, 31, 32 and 33 (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		
2. Surname at birth (Former	Date of application:		
3. First name(s) (Given name	Application number:		
Date of birth (day-month-year):	5. Place of birth:	7. Current nationality:	Application lodged at:
	6. Country of birth:	Nationality at	□ Embassy/consulate
	o. Country of office.	birth, if different:	□ Service provider
		Other nationalities:	☐ Commercial intermediary
8. Sex:	9. Civil status:		□ Border (Name):
□ Male □ Female	☐ Single ☐ Married ☐ Registered ☐ Separated ☐ Divorced ☐ Widow		
□ Other	specify):	□ Other:	
10. Parental authority (in ca address, if different from nationality):	File handled by:		
11. National identity number	Supporting		
	documents:		
			☐ Travel document
			□ Means of

No logo is required for Norway, Iceland, Liechtenstein and Switzerland.

					subsistence
					□ Invitation
12. Type of travel document:					□ TMI
□ Ordinary passport □	☐ Means of transport				
☐ Special passport ☐ C	Other travel documen	t (please specify	/):		□ Other:
13. Number of travel document:			15. Valid until:		Visa decision:
17. Personal data of th	□ Refused				
UK national who is a beneficiary of the EU-UK Withdrawal Agreement, if applicable					□ Issued:
Surname (Family nam	ne):	First name(s) (Given name(s)):		□ A	
Date of birth	Nationality:		Nun	nber of travel	□ C
(day-month-year):	Nationality.			ament or ID card:	□ LTV
18. 18. Family relatio	onship with an EU, E	EA or CH citize	n or a	UK national who	□ Valid:
is a beneficiary of the	_				From:
□ spouse □ child □ grandchild □ dependent ascendant □ registered partnership □ other:					Until:
19. Applicant's home address and e-mail address: Telephone no.:					
rr va va va				r	
20. Residence in a country other than the country of current nationality:					
□ No □ Yes. Residenc	ce permit or equivaler	nt	N	lo.	
Valid until					
*21. Current occupation:					Number of entries:
* 22. Employer and employer's address and telephone number. For students,					□ 1 □ 2 □ Multiple
name and address of educational establishment:					Number of days:
23. Purpose(s) of the journey:					
☐ Tourism ☐ Business visit ☐ Medical reason					
24. Additional information on purpose of stay:					
25. Member State of n (and other Member St if applicable):	26. Member State of first entry:				
27. Number of entries requested:					
□ Single entry □ Two entries □ Multiple entries					
28. Intended date of Intended date of depart		•		•	

29. Fingerprints collected previously for the purpose of applying for a Schengen visa: □ No □ Yes.				
Date, if known	sticker number, if known			
30. Entry permit for the final country of de	estination, where applicable:			
Issued byV	Valid fromuntil			
* 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):				
Address and e-mail address of inviting person(s)/hotel(s)/temporary	Telephone no.:			
accommodation(s):				
*32. Name and address of inviting company/organisation:				
Surname, first name, address, telephone	Telephone no. of			
no., and e-mail address of contact person in company/organisation:	company/organisation:			
*33. Cost of travelling and living during th	ne applicant's stay is covered:			
□ by the applicant himself/herself	□ by a sponsor (host, company,			
Means of support:	organisation), please specify:			
□ Cash	□ referred to in field 30 or 31			
□ Traveller's cheques	□ other (please specify):			
□ Credit card	Means of support:			
□ Pre-paid accommodation	□ Cash			
□ Pre-paid transport	□ Accommodation provided			
☐ Other (please specify):	☐ All expenses covered during the stay			
	□ Pre-paid transport			
	□ Other (please specify):			
34. 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	d if the visa is refused.			
Applicable in case a multiple-entry visa is applied for:				

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 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.

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 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 (for Italy the Ministry of Interior and the Police authority) and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The Ministry of Foreign Affairs and International Cooperation – MAECI (Piazzale della Farnesina 1, 00135 Roma) www.esteri.it tel. 0039 06 36911 (switchboard), through the Diplomatic Representation or Consulate where the visa application has been lodged, is the authority responsible for processing the data.

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 (for the Diplomatic Representations or Consulates please visit www.esteri.it e http://vistoperitalia.esteri.it) 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 Member State concerned. The Italian national supervisory competent authority on the protection of personal data is the MAECI Data Protection Officer / DPO (email: rpd@cert.esteri.it, certified email: rpd@cert.esteri.it) or the Italian Data Protection Authority (Piazza Venezia 11, 00187 ROMA; tel. 0039 06 696771 (switchboard); email: garante@gpdp.it; pec: protocollo@pec.gpdp.it).

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 6(1) of Regulation (EU) No 2016/399 (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.

Pl	ace and date:	Signature
		(signature of parental authority/legal guardian, if applicable):