

Family members of EU, EEA or CH citizens 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 r	FOR OFFICIAL USE ONLY					
2. Surname at birth (I	Date of application:					
3. First name(s) (Give	Application number					
4. Date of birth (day-month-year):	5. Place of birth:	6. Country of birth:		Application lodged at:		
7. Current nationality: Nationality at birth, if different: Other nationalities:	8. Sex: □ Male □ Female □ Other	9. Civil status: Single Married Registered Partnersh Separated Divorce Other (please specify	d □ Widow(er)	□ Embassy/consulate □ Service provider □ Commercial intermediary		
10. Parental authority (in ca different from applicant's	 □ Date departure from SA: □ Date of departure from Schengen area: □ Arriving Italian Airport: □ Other: 					
11. National identity number	File handled by:					
12. Type of travel document	Supporting documents: Travel document Means of subsistence Invitation TMI Means of transport					
13. Passport n.:	14. Date of issue:	document (please specify): 15. Valid until:	16. Issued by (country):	Other:		
17. Personal data of the fam who is a beneficiary of the E Surname (Family name):	Visa decision: Refused Issued: C LTV					
Nationality:		vel document or ID card:	oo is a honofisiany	□ Valid:		
18. Family relationship with of the EU-UK Withdrawal Ag □ spouse □ child □ grandchi □ Registered Partnership □ other (please specify):	From: Until:					
Applicant's home address address:	Telephone no.:		Number of entries:			
				□ 1 □ 2 □ Multiple		
				Number of days:		

20. Residence in a country other than the count	FOR OFFICIAL USE	
□ No □ Yes. Residence permit or equivalent No	TOR OFFICIAL GOL	
21. *Current occupation:		
22. *Employer and employer's address and teleph address of educational establishment:		
23. Purpose(s) of the journey:		
□ Tourism □ Business □ Visiting family or friends □ Medical reasons □ Study □ Airport transit □ Othe		
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:	□ Single entry □ Two entries □ Multiple entries	
28. Intended date of arrival of the first intended stay in the Schengen area:		
Intended date of departure from the Schengen area after the first intended stay:		
29. Fingerprints collected previously for the purpos □ No □ Date:	se of applying for a Schengen visa: Yes	
Visa stickers number specifying country of issuing		
30. Entry permit for the final country of destination	, where applicable:	
Issued by:Valid from		
un		
31. *Surname and first name of the inviting person applicable, name of hotel(s) or temporary according to the inviting person applicable, name of hotel(s) or temporary according to the inviting person applicable, name of hotel(s) or temporary according to the inviting person applicable, name of hotel(s) or temporary according to the inviting person applicable, name of hotel(s) or temporary according to the inviting person applicable, name of hotel(s) or temporary according to the inviting person applicable, name of hotel(s) or temporary according to the inviting person applicable, name of hotel(s) or temporary according to the inviting person applicable and the invitable applicable and the inviting person applicable and the invitable a		
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s):	Telephone No.:	
32.*Name and address of inviting company/organi	sation:	

Surname, first name, address, telephone no., and e-mail address of contact person in company/organisation:	Telephone No. of company/organisation:				
33. Cost of travelling and living during the applicar					
□ by the applicant himself/herself Means of support: □ Cash □ Traveller's cheques □ Credit card □ Pre-paid accommodation □ Pre-paid transport □ Other (please specify):	□ by a sponsor (host, company, organisation), please specify: □ referred to in field 30 or 31 □ other (please specify): Means of support: □ Cash □ Accommodation provided □ 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.:				
PLEASE READ CAREFULLY BEFORE SIGNING: I am aware that the visa fee is not refunded 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 and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Member State responsible for processing the data is: Garante per la Protezione dei Dati personali.					
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 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 authority: II Garante per la Protezione dei Dati personali, Piazza di Monte Citorio 121, 00186 ROMA, tel 0039 06 696771; mail: garante@gpdp,it, pec: protocollo@pec.gpdp.it 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 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 to Signature: (signature of parental authority/leg	•			
Place and date:	C.S. Carginature of Parental authority/let	ы. заагаш, п аррпоамој.			