

Application for a national visa This application form is free

Family members of EU, EEA or CH citizens or of UK nationals who are Withdrawal Agreement beneficiaries 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
2. Surname at birth (Former family name(s)):					Date of application:
2.5544.0004/4/(5)000004/4/					Application number:
3. First name(s) (Given name(s))	•				
Date of birth (day-month-year):	5. Place of birt	th:	7.Currer	nt nationality:	Application lodged at:
	6. Country of b	oirth:	differen	ity at birth, if t: ationalities:	□ Embassy/consulate□ Service provider□ Commercialintermediary
8. Sex:	9. Civil status:				□ Border (Name):
□ Male □ Female □ Other	□ Single □ Married □ Registered Partnership □ Separated □ Divorced □ Widow(er) □ Other (please specify):			□ Other:	
10. Parental authority (in case of minors) /legal guardian (surname, first name, address, if different from applicant's, telephone no., e-mail address, and nationality):					File handled by:
	Supporting documents:				
14. National identification current and the same and leading					☐ Travel document☐ Means of subsistence
11. National identity number, where applicable:					□ Invitation
12. Type of travel document:					☐ TMI☐ Means of transport
☐ Ordinary passport ☐ Diplomat☐ Special passport ☐ Other trave	□ Other:				
	of issue:	15. Valid ur	ntil:	16. Issued by	Visa decision:
travel document:				(country):	□ Refused
					□ Issued:
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					□ A □ C
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Surname (Family name): First name(s) (Given name(s)):			□ Valid:		
Date of birth (day-month-year):	Nationality:		Num	nber of travel	From: Until:
Date of birth (day-month-year).	Nationality.			iment or ID card:	Number of entries:
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:					Number of days:
1					1

□ spouse □ child □ grandchild □ dependent as □ Registered Partnership □ other:	scendant	
19. Applicant's home address and e-mail addr	ress:	Telephone no.:
20. Residence in a country other than the cou □ No □ Yes. Residence permit or equivalent		
*21. Current occupation:		
*22. Employer and employer's address and tel address of educational establishment:	lephone number. Fo	r students, name and
23. Purpose(s) of the journey:		
□ Tourism □ Business □ Visiting family or frien Medical reasons □ Study □ Airport transit □ O		
24. Additional information on purpose of stay	r:	
25. Member State of main destination (and other Member States of destination, if applicable):	26. Member St	tate of first entry:
27. Number of entries requested:		
☐ Single entry ☐ Two entries ☐ Multiple entrie	es	
Intended date of arrival of the first intended s	stay in the Schengen	area:
Intended date of departure from the Schenge	en area after the first	intended stay:
28. Fingerprints collected previously for the pool of	urpose of applying f	or a Schengen visa:
Date, if known Visa sticker nur	mber, if known	
29. Entry permit for the final country of destir	nation, where applic	able:
Issued byValid from	until	
*30. Surname and first name of the inviting perapplicable, name of hotel(s) or temporary acc		
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s):	Telephone no.:	
*31. Name and address of inviting company/o	 organisation:	

Surname, first name, address, telephone no., and e-mail address of contact person in company/organisation:	Telephone no. of company/organisation:
*32. Cost of travelling and living during the applic	cant's stay is covered:
□ by the applicant himself/herself	□ by a sponsor (host, company, organisation), please specify:
Means of support:	□ referred to in field 30 or 31
□ Cash	□ other (please specify):
☐ Traveller's cheques	
□ 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):

I am aware that the visa fee is not refunded if the visa is refused.

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 processed 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 national Information System 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, immigration and asylum authorities for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory 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:

Ministère des Affaires Etrangères et européennes, de la Défense, de la Coopération et du Commerce extérieur
Bureau des Passeports, visas et légalisations
6 rue de l'Ancien Athénée
L-1144 Luxembourg
service.visas@mae.etat.lu

Contact details of the data protection officer: dataprotection.mae@mae.etat.lu

I am aware that I have the right to obtain notification of the data relating to me recorded in the national information system, 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 Luxembourg 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.

The national supervisory authority of the Grand Duchy of Luxembourg will hear claims concerning the protection of personal data:

Commission Nationale pour la Protection des données 15 Boulevard du Jazz, L-4370 Belvaux https://cnpd.public.lu/en/support/contact.html https://cnpd.public.lu/en.html

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 Luxembourg law.

applicable, in the absence of any other residence permit all possession of a visa is only one of the prerequisites for a Luxembourg. The mere fact that a visa has been granted do comply with the relevant provisions of Article 6(1) of Regul	Luxembourg before the expiry of the visa if granted and if lowing me to reside there legally. I have been informed that entry into the European territory and the Grand Duchy of es not mean that I will be entitled to compensation if I fail to lation (EU) No 2016/399 (Schengen Borders Code) and I am e checked again on entry into the territory of the European ons.
Place and date:	Signature (signature of parental authority/legal guardian, if applicable):