



## Application for Schengen Visa

This application form is free

PHOTO

1. Surname (Family name) (**)				FOR OFFICIAL USE ONLY Date of application: Visa application number: Application lodged at <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border Name: <input type="checkbox"/> Other File handle by:  Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <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 ..... Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple Number of days:	
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:	
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		9. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify)			
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian					
11. National identity number, where applicable					
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. N. of travel document		14. Date of issue		15. Valid until	
				16. Issue by	
17. Applicant's home address:			18. Telephone number(s) and email address: /		
18. Resident in a country other than the country of the current nationality: <input type="checkbox"/> No <input type="checkbox"/> Yes, Resident permit or equivalent .....No ..... Valid until					
* 19. Current occupation					
* 20. Employer and employer's address and telephone number. For student, name and address of educational establishment					
21. Main 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"/> Study <input type="checkbox"/> Medical Reasons <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify):					

22. Member State(s) of destination	23. Member State(s) of first entry	
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	25. Duration of the intended stay or transit indicate number of days	

The fields marked with \* shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields No. 34 and 35.

(\*\*) Fields 1-3 shall be filled in the accordance with the data in the travel document.

26. Schengen visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from ..... to .....		
27. Fingerprints collected previously for the purpose of applying for Schengen visa <input type="checkbox"/> No <input type="checkbox"/> Yes ..... Date, if known		
28. Entry permit for the final country of destination, where applicable Issued by.....Valid from.....until.....		
29. Intended date of arrival in Schengen area	30. Intended date of departure from the Schengen area	
* 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 accommodation(s)		
Telephone and telefax		
* 32. Name and address of inviting company/organization		
Telephone and telefax of company/ organization		
Surname , first name, address, telephone, telefax, and e-mail address of contact person in company/ organization		
* 33. Cost of travelling and living during the applicant's stay covered		
<input type="checkbox"/> by the applicant himself/herself 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"/> Other (please specify)		<input type="checkbox"/> by a sponsor (host, company, organization), please specify ..... <input type="checkbox"/> referred to in field 31 or 32 ..... <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)
34. Personal data of the family member who is an EU, EEA, or CH citizen		
Surname		First name(s)
Date of birth	Nationality	Number of travel document or ID card

35. Family relationship with an EU, EEA or CH citizen  <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant:		
36. Place and date:	37. Signature:  for minors, signature of parental authority/ legal guardian	

I am aware that the visa fee will not be refunded in case of visa refusal.
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Application in case a multiple-entry visa is applied for (cf. field No. 24):  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.
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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 involve my application being rejected or to the annulment of a visa already granted and may result in prosecution under the law of the Member State that process the application.  I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I am aware that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere granting of a visa does not entitle me to compensation if I fail to fulfill the conditions of Article 5, paragraph 1, of the Council Regulation n. 562/2006 (Schengen Borders Code) and I am thus refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.  I declare that I have read and understood the information on the protection of natural persons with regard to the processing of personal data related to the visa application procedures, in accordance to the Regulation (EU) 2016/679.	
Place and date:	Signature:  for minors, signature of parental authority/legal guardian

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