



Application for an entry visa to the Republic of Moldova

This application form is free.

PHOTO

1. Surname (Family name) (x)				For official use only. Date of application: Visa application number: Application lodged at ☐ Embassy/consulate ☐ CAC ☐ Service provider ☐ Commercial intermediary ☐ Border Name ☐ Other File handled by: Supporting documents: ☐ Travel document ☐ Means of subsistence ☐ Invitation ☐ Means of transport ☐ TMI ☐ Other: Visa decision: ☐ Refused ☐ Issued: ☐ A ☐ C ☐ LTV ☐ Valid: from..... until..... Number of entries: ☐ 1 ☐ 2 ☐ Multiple Number of days	
2. Surname at the birth (Former family name (s)) (x)					
3. First name (s) (Given name (s)) (x)					
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 ☐ Male ☐ Female		9. Marital status ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow ☐ 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: ☐ ordinary passport ☐ Diplomatic passport ☐ Service passport ☐ Official passport ☐ Special passport ☐ Other travel document (please specify)					
13. Number of travel document		14. Date of issue		15. Valid until	
				16. Issued by	
17. Applicant's home address			Telephone number (s)		E-mail address
18. Residence in a country other than the country of current nationality ☐ No ☐ Yes. Residence permit or equivalent No. Valid until					
19. Current occupation					
20. Employer and employer's address and telephone number. For students, name and address of educational establishment.					
21. Main purpose (s) of the journey: ☐ Tourism ☐ Business ☐ Visiting family or friends ☐ Cultural ☐ Sports ☐ Official visit ☐ Medical reasons ☐ Study ☐ Transit ☐ Airport transit ☐ Other (please specified)					
22. Number of entries requested : ☐ Single entry ☐ Two entries ☐ Multiple entries			23. Duration of the intended stay or transit Indicate number of days		

24. Visas issued for the Republic of Moldova during the past 12 months ☐ No ☐ Yes. Date(s) of validity from to.....					
25. Fingerprints collected previously for the purpose of applying for a visa for the Republic of Moldova ☐ No ☐ Yes Date, if known					
26. Intended date of arrival on the territory of the Republic of Moldova		27. Intended date of departure from the territory of the Republic of Moldova			
28. Surname and first name of the inviting person(s) in the Republic of Moldova. If not applicable, name of hotel(s) or temporary accommodation(s) in the Republic of Moldova					
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s)			Telephone and telefax		
29. 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					
30. Cost of travelling and living during the applicant's stay is covered					
☐ by the applicant himself/herself Means of support ☐ cash ☐ Traveler's cheques ☐ Credit cards ☐ pre-paid accommodation ☐ Pre-paid transport ☐ others (please specify)		☐ by a sponsor (host company, organization), please specify ☐ referred to in field 28 or 29 ☐ other (please specify) Means of support ☐ Cash ☐ Accommodation provided ☐ All expenses covered during the stay ☐ Pre-paid transport ☐ Other (please Specify)			
31. Personal data of the family member which is citizen of the Republic of Moldova					
Surname			First name(s)		
Date of birth	nationality		Number of travel document or ID card		
Family relationship with an citizen of the Republic of Moldova ☐ spouse ☐ child ☐ grandchild ☐ dependent ascendant					
32. Place and date			33. Signature (for minors, signature of parental authority/legal guardian)		
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 (cf. field no. 22) I am aware of the need to have an adequate travel medical insurance for my first stay and subsequent visits to the Republic of Moldova.					
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 of the Republic of Moldova 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 SIA "Consul" 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 and within the Republic of Moldova, immigration and asylum authorities in the Republic of Moldova for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Republic of Moldova are fulfilled, of identifying persons who do not or who no longer fulfill 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 Republic of Moldova for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Republic of Moldova responsible for processing the data is: the Ministry of the Interior Affairs of the Republic of Moldova.

I am aware that I have the right to obtain in the Republic of Moldova notification of the data relating to me recorded in the SIA "Consul" System 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 Republic of Moldova. The national supervisory authority of the Republic of Moldova 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 Republic of Moldova which deals with the application.

I undertake to leave the territory of the Republic of Moldova 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 territory of the Republic of Moldova. 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 legislations of the Republic of Moldova and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the territory of the Republic of Moldova.

Place and date

Signature (for minors, signature of parental authority/legal guardian)