



# Application for Schengen Visa

This application form is free

PHOTO

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, 30, 31 and 32 (marked with\*). Fields 1-3 shall be filled in in accordance with the data in the travel document.

Last name as per Passport

If your surname hasn't changed, duplicate it in this field

First name as per Passport

As per the Passport

Tick as applicable

If a minor files the application, include the name, surname, address and nationality of the parental authority or legal guardian

Passport Number

Current Home Address

If you live in the country of your nationality, check the 'No' box.

1. Surname (Family name):			WYŁĄCZNIE DO UŻYTKU URZĘDOWEGO Data złożenia wniosku:  Numer wniosku:  Wniosek złożono: <input type="checkbox"/> w ambasadzie/konsulacie <input type="checkbox"/> u usługodawcy <input type="checkbox"/> u pośredniczącego podmiotu komercyjnego <input type="checkbox"/> na granicy (nazwa): ..... <input type="checkbox"/> inne: .....	
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:	7. Current nationality:	Nationality at birth, if different: ..... Other nationalities: .....	
	6. Country of birth:			
8. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	9. Civil status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Registered Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify):		Wniosek przyjęty przez:  Dokumenty uzupełniające: <input type="checkbox"/> dokument podróży <input type="checkbox"/> środki utrzymania <input type="checkbox"/> zaproszenie <input type="checkbox"/> podróżne ubezpieczenie medyczne <input type="checkbox"/> środek transportu <input type="checkbox"/> inne:	
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):				
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. Number of travel document:	14. Date of issue:	15. Valid until:	16. Issued by (country):	
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:			Decyzja o wizie: <input type="checkbox"/> odmowa <input type="checkbox"/> przyznano wizę: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> o ograniczonej ważności terytorialnej <input type="checkbox"/> okres ważności:	
Surname (Family name):				
First name(s) (Given name(s)):				
Date of birth (day-month-year):	Nationality:	Number of travel document or ID card:		
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: <input checked="" type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant <input type="checkbox"/> registered partnership <input type="checkbox"/> other:				
19. Applicant's home address and e-mail address:			Telephone no.:	
20. Residence in a country other than the country of current nationality: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Residence permit or equivalent ..... No. .... Valid until .....				
*21. Current occupation:				

If you have more than one citizenship, choose the one that goes with the passport you're using to apply.

Tick as applicable

If your country doesn't issue these, skip the field. For Indian Nationals, Please fill Aadhar card number

Passport Expiry Date

Passport Issue Date

Enter the full name of the organisation. Don't translate abbreviations, if used: just spell them with Latin letters.

Contact Number

Your position under your work contract in local country

Current Work company name and address with telephone number of the employer	*22. Employer and employer's address and telephone number. For students, name and address of educational establishment:		
Tick as applicable	23. 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"/> Medical reasons <input type="checkbox"/> Study <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify):		
Provide additional details about your stay in Poland	24. Additional information on purpose of stay:		
Please fill the main destination	25. Member State of main destination (and other Member States of destination, if applicable):	26. Member State of first entry:	Mention the country of the Schengen you will first arrive.
As per your requirement	27 Number of entries requested: <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries 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: _____		Please fill the date of your arrival and departure from the Schengen area
	28. Fingerprints collected previously for the purpose of applying for a Schengen visa: <input type="checkbox"/> No <input type="checkbox"/> Yes. Date, if known: ..... Visa sticker number, if known: .....		If you have previous Schengen visa, please fill the details, if no, please tick on 'No'
This applies to cases when you need a non-Schengen visa for a transit flight	29. Entry permit for the final country of destination, where applicable: Issued by: ..... Valid from: ..... until: .....		
	*30. 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): _____		If you don't have an invitation, enter your hotel's name and address and telephone number
	Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s):	Telephone no.:	
If you have invitation from company or organization fill the details accordingly	*31. Name and address of inviting company/organisation: _____ Surname, first name, address, telephone No., and e-mail address of contact person in company/organisation: _____ Telephone No. of company/organisation: _____		
The applicant himself/herself or a sponsor, and with what means (Tick as applicable)	*32. Cost of travelling and living during the applicant's stay is 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"/> Pre-paid transport <input type="checkbox"/> Other (please specify): <input type="checkbox"/> by a sponsor (host, company, organisation), please specify: <input type="checkbox"/> referred to in field 30 or 31 <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):		

Please fill the details of the person filling your application form, if different from the applicant

33. 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.:	
<p>I am aware that the visa fee is not refunded if the visa is refused.</p> <p>Applicable in case a multiple-entry visa is issued:</p> <p>I am aware of the need to have adequate travel medical insurance for my first stay and any subsequent visits to the territory of Member States.</p> <p>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.</p> <p>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: Centralny Organ Techniczny KSI, Komendant Główny Policji, Puławska 148/150, 02-624 Warszawa.</p> <p>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 national supervisory authority of that Member State [contact details: Prezes Urzędu Ochrony Danych Osobowych, ul. Stawki 2, 00-193 Warszawa] will hear claims concerning the protection of personal data.</p> <p>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.</p> <p>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) 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.</p>		
Place and date:	Signature of applicant:	<p>Applicant signature and in case of minor, signature of parental authority, if applicable</p>
	(signature of parental authority/legal guardian, if applicable):	

Current place and date of submission of the application

(Signatures should match as per passport)