

## **ABU DHABI**

## PORTUGAL CHECKLIST TEMPORARY VISA (E TYPE)

## **E1 - Medical Treatment**

Name and surname of the applicant:		
Email Address:		
Direct Phone Contact:		
Reese for Travel to Portugal:		
GENERAL REQUIREMENTS FOR ALL APPLICANTS CONCERNING THIS TYPE OF VISA		
	YES	NO
<u>National Application Form</u> (completed in full and signed by the applicant. Handwritten		
forms are not accepted)		
2 Photos (1 pasted in application form)		
<u>Passport</u> or other travel document valid after the expected date of return		
<u>Travel Medical Insurance</u> valid to cover the expense necessary for medical reasons, including urgent medical care and possible repatriation in case of death.		
Certificate of Criminal Record issued by the competent authority of the country of nationality of the applicant or the country of residence for more than one year.  Police clearance is MANDATORY to be authenticated and stamped by Iraq MoFA.  (not applicable children under 16)		
(not applicable children under 16)		
A request for consultation of the Portuguese criminal registry for the SEF (not applicable children under 16)		
Copy of return ticket		
Medical Report		
Proof issued by an official or officially recognized health establishment, ensuring hospitalization or outpatient treatment.		
In case of patients traveling under Cooperation Agreements, a document issued by a medical committee and medical appointment must be produced. In such cases, proof of means of subsistence and proof of housing may be replaced by a statement issued by the relevant Embassy in Lisbon to ensure the referred conditions.		
Note		
•Failure to submit all the necessary documents may lead to the rejection of the visa application.		
•The Consular Post reserves the right to request documents other than those mentioned above whenever it deems convenient.		
•Even if all the documents necessary for the process are presented, it doesn't imply the automatic granting of the visa. Refusal of the visa		
application shall not entitle to reimbursement of the visa fee.		
Remarks		
Annlicant's Signature: Date: Sub	mission Officar:	