

ABU DHABI

PORTUGAL CHECKLIST TEMPORARY VISA (E TYPE)

E7 - To Accompany 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
National Application Form (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)		
A request for consultation of the Portuguese criminal registry for the SEF		
Proof of Kinship		
Medical Report		
Proof issued by an official or officially recognized health establishment, ensuring that family member has ensured the hospitalization or the outpatient treatment		
Note		
• Failure to submit all the necessary documents may lead to the rejection of the visa application of t	cation.	
•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		
Applicant's Signature: Date: Sub	mission Officer:	