



Harmonised application form Application for Schengen Visa

This application form is free

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jpeg, max. 60 kB

Family members of EU, EEA or CH citizens or of UK nationals who are Withdrawal Agreement beneficiaries 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.

1. Surname (Family name)			FOR OFFICIAL USE ONLY		
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	Date of application:		
		6. Country of birth			
		7. Current nationality Select from the list Nationality at birth, if different Select from the list Other nationalities Select from the list	Application number:		
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):	Application lodged at:		
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) <div style="text-align: right;">Select from the list</div>			<input type="checkbox"/> Embassy/consulate <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border (Name)		
11. National identity number, where applicable			<input type="checkbox"/> Other:		
12. Type of travel document <input checked="" 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):			File handled by:		
13. Number of travel document	14. Date of issue	15. Valid until	16. Issued by (country)	Supporting documents:	
				<input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> TMI <input type="checkbox"/> Means of transport <input type="checkbox"/> Other:	
17. Personal data of the family member who is an EU, EEA or CH citizen or of UK nationals who are Withdrawal Agreement beneficiaries if applicable Surname (Family name)			First name(s) (Given name(s))		
Date of birth (day month year)	Nationality Select from the list	Number of travel document or ID card			
18. Family relationship with an EU, EEA or CH citizen or of UK nationals who are Withdrawal Agreement beneficiaries if applicable <input 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 <div style="text-align: right;">Select from the list</div>			Phone E-mail:		
20. Residence in a country other than the country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes. Resident permit or equivalent No Valid until					
*21. Current occupation					
*22. Employer and employer's address and telephone number. For students, name and address of educational establishment.					
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"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify):					
24. Additional information on purpose of stay					

Number of entries
☐ 1 ☐ 2 ☐ Multiple

Number of days:
From
Until

25. Member State of main destination (and other Member States of destination, if applicable) SLOVENIA	26. Member state of first entry	FOR OFFICIAL USE ONLY
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: <input style="width: 100px;" type="text"/> Intended date of departure from the Schengen area after the first intended stay: <input style="width: 100px;" type="text"/>		
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		
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) <input type="checkbox"/> Inviting person <input type="checkbox"/> Inviting company <input type="checkbox"/> Hotel or Temporary accommodation		
Address and e-mail address of inviting person(s)/hotel(s) temporary accommodation(s) <div style="text-align: center;">SLOVENIA</div>	Phone E-mail:	
*31. Name and address of inviting company/organisation	Phone E-mail:	
*Surname, first name, address, telephone no. and e-mail address of contact person in company/organisation		
32. Cost of travelling and living during the applicant's stay is covered <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> by the applicant himself/herself Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Traveler's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify): </div> <div style="width: 45%;"> <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"/> Prepaid transport <input type="checkbox"/> Other (please specify) </div> </div>		
33. Surname and first name of the person filing in the application form, if different from the applicant: Surname: _____ Name: _____ Address: _____ Email address: _____ Telephone No.: _____		
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 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 State.		
<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 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 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: Ministry of Foreign and European Affairs, Prešernova cesta 25, 1000 Ljubljana.</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 (Information Commissioner of the Republic of Slovenia, Dunajska cesta 22, SI-1000 Ljubljana) 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 (signature of parental authority/legal guardian, if applicable)