Application for National Visa This application form is free

РНОТО

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1. Surname (Family name) (x)	WYŁĄCZNIE DO UŻYTKU SŁUŻBOWEGO OFFICIAL USE ONLY					
2. Surname at birth (Former family name(Data złożenia wniosku:					
	Numer wniosku:					
3. First name(s) (Given name(s)) (x)	Numer winosku.					
4. Date of birth (year- month-day)	5. Place of birth			7. Current nationality	Wniosek złożono:	
	6. Country of birth			Nationality at birth, if different:	w ambasadzie lub konsulacie	
						we wspólnym ośrodku
						przyjmowania wniosków u usługodawcy
8. Sex	9. Marital status					u pośredniczącego podmiotu
☐ Male ☐ Female ☐ S.			☐ Single ☐ Married ☐ Separated ☐ Divorced			komercyjnego
		□w:dow/	(am) [Other (pleas	an amonifu)	☐ na granicy
		□ WIdow((er) L	Other (piea	se specify)	Nazwa:
						п.
10. In the case of minors: Surname, first na	oma addrass (i	f different from	n onnli	icent's) and n	ationality of parantal	inne
authority/legal guardian	ille, address (i	i different from	паррп	icant s) and n	ationality of parental	Wniosek przyjęty przez:
						Willosek pizyjęty pizez.
11. National identity number, where applic	Dokumenty uzupełniające:					
	aute					dokument podróży
12. Type of travel document	☐ środki utrzymania					
☐ Ordinary passport ☐ Diplomatic p	☐ zaproszenie					
☐ Other travel document (please spec	ify)					srodek transportu
13. Number of travel document 1			Valid ı	ıntil	16. Issued by	podróżne ubezpieczenie
						medyczne inne:
17. Applicant's home address and e-mail a	ddress		1	Telephone nu	ımber(s)	
17. Applicant's nome address and e-man a	duress			Telephone in	imber(s)	Decyzja o wizie: Odmowa wydania wizy
		wydanie wizy:				
18. Residence in a country other than the c						
□ No						
Yes. Residence permit or equivalent						
	☐ Termin ważności:					
* 19. Current occupation	Od					
*20 5 1	Do					
* 20. Employer and employer's address an establishment.	Liczba wjazdów:					
	□ 1 □ 2 □ wielokrotny					
21 M: () C1 :	·					
21. Main purpose(s) of the journey:	Liczba dni:					
☐ Tourism ☐ Business ☐ Visitin						
☐ Medical reason ☐ Study						
☐ Other (please specify)						

22. Member State(s) of destinationPOLAND		23. Member State of first entry						
24. Number of entries requested ☐ Single entry ☐ Two entries	☐ Multiple entries	25. Duration of the intended stay of transit Indicate number of days						
The fields marked with * shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields No 34 and 35.								
(x) Fields 1-3 shall be filled in in accordance with the data in the travel document.								
26. Schengen or national visas issued duri	ing the past five years							
□ No								
☐ Yes. Dates(s) of validity from								
27. Fingerprints collected previously for t	he purpose of applyin	g for a Schengen visa						
□ No □ Yes								
		Date, if known						
28. Entry permit for the final country of d	estination, where app	licable						
	NOT APPLICA	ABLE						
29. Intended date of arrival to the Republi								
Address and e-mail address of inviting per accommodation(s)	•							
* 32. Name and address of inviting comp	any/organisation	Telephone and telefax of						
	, ,	company/organisation						
Surname, first name, business address, bu person in company/organization	siness phone number,	telefax, and business e-mail address of contact						
* 33. Cost of travelling and living during	the applicant's stay is	covered						
☐ by the applicant himself/herself	☐ by the applicant himself/herself ☐ by a sponsor (host, company, organisation), please specify							
Means of support		□ referred to in field 31 or 32						
☐ Cash		other (please specify)						
☐ Traveller's cheques	Means of support							
☐ Credit card	□ Cash							
☐ Prepaid accommodation	☐ Accommodation	on provided						
☐ Prepaid transport	☐ All expenses of	covered during the stay						
☐ Other (please specify)	☐ Prepaid transp							

34. Personal data of the family							
Surname			First name(s)				
Date of birth	Nationality		Number of travel document of ID card				
Date of birth	Nationality		Number of traver document of 115 card				
35. Famila relationship with a	n EU, EEA or CH citizen	l	<u> </u>				
□ spouse □ child □ grand			dchild dependent ascendant				
36. Place and date			Signature (for minors, signature of parental authority/legal guardian)				
		•					
I am aware that the visa fee is	s not refunded if the visa i	is refused.					
Applicable in case a multiple entry national visa is applied for (cf. Field No 24): I am aware of the need to have an adequate travel health insurance in the meaning of regulations on health care benefits financed out of public funds or travel health insurance for my first stay and any subsequent visits to the territory of the Republic of Poland.							
I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that lodging an application or providing documents containing false personal data or false information, as well as declaring untruth, concealing the truth, falsifying, counterfeiting, or forging a document in order to use it as authentic or using it as authentic in a national visa procedure will lead to refusing the national visa or annulling an issued national visa. I am also aware that under Polish law, such conduct amounts to an offence that can be punished by fine, restriction on liberty or imprisonment.							
I undertake to leave the territor	ory of the Republic of Pol	land at the	latest on the last day of the period of my stay au	thorized by the national visa.			
I am aware that possession of a national visa is only one of the conditions to enter the territory of the Republic of Poland. The mere fact that a national visa has been granted to me does not mean that I will be entitled to compensation if I fail to meet the entry conditions set forth in the Act on Foreigners and I am therefore refused entry into the territory of the Republic of Poland. The entry conditions will be verified again on arrival in the territory of the Republic of Poland.							
I am aware that the issued national visa may be revoked if I no longer meet the conditions for issuing it.							
When filing the application for a national visa for the purposes of undertaking or continuing full-time first or second cycle degree programme, uniform Master's degree studies, or for the purposes of undertaking PhD studies, carrying out research or development work, undergoing an internship or joining the European Voluntary Service, if you failed to submit all documents necessary to verify the details included in the application and the grounds for filing the visa application, you have the right to submit them within fourteen days of filing the application.							
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Place and date			Signature (for minors, signature of parental au	thority/legal guardian):			
			1				

¹ In so far as the VIS is operational.