

ULUSAL VIZE BASVURU FORMU
Application for National Visa

This application form is free
BU BASVURU FORMU ÜCRETSİZDİR

PL

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1. Surname (Family name) (x) SOYADINIZ				WYŁĄCZNIE DO UŻYTKU SŁUŻBOWEGO OFFICIAL USE ONLY	
2. Surname at birth (Former family name(s)) (x) EVLENMEDEN ÖNCEKİ SOYADINIZ		PASAPORTTA YAZILDIĞI GİBİ		Data złożenia wniosku:	
3. First name(s) (Given name(s)) (x) ADINIZ				Numer wniosku:	
4. Date of birth (year-month-day) DOĞUM TARİHİ GUN - AY - YIL	5. Place of birth DOĞUM YERİ	7. Current nationality Nationality at birth, if different: TUR (Sadece ülke kodu yazınız)		Wniosek złożono: <input type="checkbox"/> w ambasadzie lub konsulacie <input type="checkbox"/> we wspólnym ośrodku przyjmowania wniosków <input type="checkbox"/> u usługodawcy <input type="checkbox"/> u pośredniczącego podmiotu komercyjnego <input type="checkbox"/> na granicy	
6. Country of birth TUR (Sadece ülke kodu yazınız)		8. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female ERKEK KADIN CINSİYET		Nazwa: <input type="checkbox"/> inne	
9. Marital status <input type="checkbox"/> BEKAR <input type="checkbox"/> EVLI <input type="checkbox"/> AYRI <input type="checkbox"/> BOŞANMIŞ <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> DUL <input type="checkbox"/> DİĞER (LÜTFEN BELİRTİNİZ) <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify)				Wniosek przyjęty przez:	
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian 18 YAŞINDAN KÜÇÜKLER İÇİN VELİSİNİN YADA YASAL EBEVEYNİN SOYADI,ADI, ADRESİ (EĞER ÇOCUĞUYLA AYNI ADRESTE OTURMUYORSA) VE UYRUĞU					
11. National identity number, where applicable TC KİMLİK NUMARASI (VARSA)				Dokumente uzupełniające: <input type="checkbox"/> dokument podróży <input type="checkbox"/> środki utrzymania <input type="checkbox"/> zaproszenie <input type="checkbox"/> środek transportu <input type="checkbox"/> podrózne ubezpieczenie medyczne <input type="checkbox"/> inne:	
12. Type of travel document NORMAL BORDO PASAPORT <input type="checkbox"/> DIPLOMATİK MAVİ RENK <input type="checkbox"/> GRI RENK GÖREV PASAPORTU <input type="checkbox"/> YEŞİL PASAPORT <input type="checkbox"/> <input checked="" type="checkbox"/> Ordinary passport <input checked="" 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 PASAPORT NUMARASI	14. Date of issue VERİLİŞ TARİHİ	15. Valid until GEÇERLİLİK TARİHİ	16. Issued by TUR (Sadece ülke kodu yazınız)		
17. Applicant's home address and e-mail address Ev ve E-posta adresi			Telephone number(s) CEP TELEFONU NUMARASI		
18. Residence in a country other than the country of current nationality UYRUĞU OLDUĞU ÜLKEDE OTURUYORSANIZ EVET(YES) BAŞKA ÜLKEDE OTURUYORSANIZ HAYIR(NO) OTURUM İZİNİ VEYA EŞDEĞER BELGE VARSA NUMARASI VE GEÇERLİLİK BİTİŞ TARİHİ HAYIR <input type="checkbox"/> No EVET <input type="checkbox"/> Yes. Residence permit or equivalent No Valid until					
				<input type="checkbox"/> Termin ważności:	
* 19. Current occupation MESLEĞİNİZ (BURAYA GÖREVİNİZİ YAZINIZ. ÖRNEĞİN TEKSTİL SEKTÖRDÜR, TEKSTİL İŞÇİSİ MESLEKTİR ÇALIŞMIYORSANIZ PARANTEZ İÇİNDE MESLEĞİNİZİ YAZINIZ)					
* 20. Employer and employer's address and telephone number. For student, name and address of educational establishment. İŞVEREN ADI, ADRESİ VE TELEFON NUMARASI ÖĞRENCİ İSE OKULUN ADI VE ADRESİ VE TELEFON NUMARASI				Liczba wjazdów: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> wielokrotny	
21. Main purpose(s) of the journey: <input type="checkbox"/> TURİSTİK <input type="checkbox"/> İŞ <input type="checkbox"/> AİLE / ARKADAŞ ZİYARETİ <input type="checkbox"/> KÜLTÜREL <input type="checkbox"/> SPORİF <input type="checkbox"/> RESMİ ZİYARET <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 reason <input type="checkbox"/> Study <input type="checkbox"/> Other (please specify) TEDAVİ AMAÇLI EĞİTİM DİĞER (LÜTFEN BELİRTİNİZ)				Liczba dni:	

22. Member State(s) of destination -----POLAND-----	23. Member State of first entry İLK GİRİŞ YAPACAĞINIZ ÜLKE
24. Number of entries requested <input type="checkbox"/> Single entry TEK GİRİŞ <input type="checkbox"/> Two entries ÇİFT GİRİŞ <input type="checkbox"/> Multiple entries ÇOKLU GİRİŞ	25. Duration of the intended stay of transit Indicate number of days TALEP ETTİĞİNİZ GÜN SAYISINI BELİRTİNİZ. SADECE SEYAHATINIZ KADAR GÜN YAZINIZ. KONSOLOSLUK UYGUN GÖRÜRSE DAHA UZUN VERECEKTİR

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. National visas issued during the past five years

HAYIR No

AVRUPA BİRLİĞİ VATANDAŞI EŞİ, KIZI, YAKINI OLAN KİŞİLER İŞARETLİ OLAN 31,32,33. MADDELERİ DOLDURMASINLAR. BU KİŞİLER YAKINI OLDUĞU AVRUPA BİRLİĞİ VATANDAŞI OLAN KİŞİNİN BİLGİLERİNİ 34. VE 35. MADDEDEKİ ALANLARA DOLDURUM KANITLAYICI BELGELERİ BAŞVURUYA EKLEYECEKTİR

EVET Yes. Dates(s) of validity from

SON 3 YIL İÇİNDE ALMIŞ OLDUĞUNUZ SCHENGEN VİZELERİ (3 YILDAN ESKİ OLANLARI KESİNLİKLE YAZMAYINIZ. 3 YIL İÇİNDE BİRKAÇ TANE VARSA HEPSİNİ BELİRTİNİZ)

27. Fingerprints collected previously for the purpose of applying for a Schengen visa
 HAYIR No EVET Yes

SCHENGEN VİZESİ İÇİN PARMAK İZİ VERDİNİZ Mİ?

..... **CEVABINIZ EVET İSE VE PARMAK İZİ VERDİĞİNİZ TARİHİ HATIRLIYOSANIZ LÜTFEN BELİRTİNİZ.** Date, if known

28. Entry permit for the final country of destination, where applicable
LÜTFEN BU KISMI DOLDURMAYIN

----- NOT APPLICABLE -----

29. Intended date of arrival to the Republic of Poland
SEYAHAT ETMEYİ PLANLADIĞINIZ GİRİŞ TARİHİ

30. Intended date of departure from the the Republic of Poland
SEYAHAT ETMEYİ PLANLADIĞINIZ ÇIKIŞ TARİHİ

29.-30. MADDELER 25. MADDE İLE TUTARLI OLMASI GEREKİR. GİRİŞ VE ÇIKIŞ TARİHİ ARASINDA 7 GÜN VARSA 25.MADDE 7 GÜN OLARAK BELİRTİLMELİ

* 31. Surname and first name of the inviting person(s) in the the Republic of Poland. If not applicable, name of hotel(s) or temporary accommodation(s) in the the Republic of Poland.

*** DAVET EDEN KİŞİNİN SOYADI VE ADI**
*** HOTELİN VEYA GEÇİCİ KONAKLAMA YERİNİN ADI (BİRKAÇ FARKLI HOTEL VARSA HEPSİNİ BELİRTİNİZ)**
*** TEK SEYAHATTE FARKLI ÜLKELERE SEYAHAT EDECEKSENİZ SADECE ÇEK CUM. HOTELİNİ YAZINIZ.**

Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s)

DAVET EDEN KİŞİNİN \ OTELİN ADRESİ ve E-POSTA ADRESİ

Telephone and telefax

TELEFON VE TELEFAX NUMARASI

* 32. Name and address of inviting company/organisation

DAVET EDEN ŞİRKETİN \ ORGANİZASYONUN ADRESİ ve E-POSTA ADRESİ

Telephone and telefax of company/organisation

ŞİRKETİN VEYA ORGANİZASYONUN TELEFON VE TELEFAX NUMARASI

Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation
ŞİRKET VEYA ORGANİZASYONDA İLETİŞİME GEÇİLEN KİŞİNİN SOYADI, ADI, ADRESİ, TELEFONU EMAIL ADRESİ

* 33. Cost of travelling and living during the applicant's stay is covered **SEYAHAT MASRAFLARI NASIL KARŞILANIYOR AŞAĞIDA İŞARETLEYİNİZ**

by the applicant himself/herself
KENDİM KARSILIYORUM

Means of support

- Cash **NAKİT**
 Traveller's cheques **SEYAHAT ÇEKİ**
 Credit card **KREDİ KARTI**
 Prepaid accommodation **ÖNCEDEN ÖDENMİŞ KONAKLAMA**
 Prepaid transport **ÖNCEDEN ÖDENMİŞ ULAŞIM**
 Other (please specify) **DİĞER (LÜTFEN BELİRTİNİZ)**

by a sponsor (host, company, organisation), please specify

..... referred to in field 31 or 32

..... other (please specify)

Means of support

- Cash **NAKİT**
 Accommodation provided **KONAKLAMA SAĞLIYOR**
 All expenses covered during the stay **SEYAHAT BOYUNCA TÜM MASRAFLAR**
 Prepaid transport **ÖNCEDEN ÖDENMİŞ ULAŞIM**
 Other (please specify) **DİĞER (LÜTFEN BELİRTİNİZ)**

SPONSOR KARŞILIYOR (ŞİRKET YADA ORGANİZASYON)

31. VE 32. MADDELERDE BELİRTİLEN KİŞİ (EĞER SİZİ DAVET EDEN YAKININIZ VEYA ARKADAŞINIZ KARŞILIYORSA BURAYI İŞARETLEYİNİZ

DİĞER (LÜTFEN BELİRTİNİZ)

34. Personal data of the family member who is an EU, EEA or CH citizen AŞAĞIDAKİ BÖLÜME AVRUPA BİRLİĞİ ÜYESİ OLAN AİLE BİREYİNİN BİLGİLERİNİ YAZINIZ		
Surname SOYADI		First name(s) ADI
Date of birth DOĞUM TARİHİ	Nationality UYRUĞU	Number of travel document of ID card SEYAHAT BELGESİ NUMARASI VEYA VATANDAŞLIK NUMARASI
35. Family relationship with an EU, EEA or CH citizen <input type="checkbox"/> spouse EŞİ <input type="checkbox"/> child ÇOCUĞU <input type="checkbox"/> grandchild TORUNU <input type="checkbox"/> dependent ascendant YAKINI		
36. Place and date BAŞVURU YAPTIĞINIZ YER VE TARİH		37. Signature (for minors, signature of parental authority/legal guardian) İMZA (18 YAŞINDAN KÜÇÜKLER İÇİN VELİNİN/YASAL VASİNİN İMZASI) BAŞVURU YAPTIĞINIZ YER VE TARİH İMZA (HEM ANNE HEM DE BABA'NİN İMZA ATMASI GEREKMEKTEDİR)

I am aware that the visa fee is not refunded if the visa 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 the submission of an application and/or supplementary documents containing untrue personal data or false information, declaration of untruth or the suppression of truth, forgery or tampering with a document with the intent of passing it off as genuine or the use of such a document as genuine will lead to my application being rejected or to the annulment of a national visa already granted, and may also render me liable to prosecution under Polish law.

I undertake to leave the territory of the Republic of Poland not later than the last day of the national visa's validity.

I am aware that possession of a visa is only one of the prerequisites for entry into the territory of the Republic of Poland. The 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 the Law on Aliens and am refused entry. The prerequisites for entry will be checked again on entry into the territory of the Republic of Poland.

I am aware that a granted national visa may be revoked if I no longer meet the requirement for its issuance.

Place and date BAŞVURU YAPTIĞINIZ YER VE TARİH	Signature (for minors, signature of parental authority/legal guardian): İMZA (18 YAŞINDAN KÜÇÜKLER İÇİN VELİNİN/YASAL VASİNİN İMZASI) (15 YAŞINDAN KÜÇÜKLER İÇİN HEM ANNE HEM DE BABA'NİN İMZA ATMASI GEREKMEKTEDİR)
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¹ In so far as the VIS is operational.