Application for Schengen Visa This application form is free





1. Surname (Family name) (x)					FOR OFFICIAL USE ONLY
2. Surname at birth (Former family name(s)) (x)					Date of application:
					Visa application number:
3. First name(s) (Given name(s)) (x)					Application lodged at Embassy/consulate CAC
4. Date of birth (day-month-year) 5. Place of birth 7. Current nationality				□ Service provider	
	6. Country of birth	birth Nationality at birth, if different:			□ Commercial intermediary
0.0	 				□ Border Name:
8. Sex □ Male □ Female		larital status	anar	ated Divorced Widow(er)	□ Other
□ Male □ Pennale	□ 0:	ther (please specify) (ated Divolced widow(el)	- Julio
					File handled by:
10. In the case of minors: Surname, authority/legal guardian	first name, address (if different from a	plica	ant's) and nationality of parenta	
					Supporting documents:
11. National identity number, where	applicable				☐ Travel document ☐ Means of subsistence ☐ Invitation ☐ Means of transport
12. Type of travel document ☐ Ordinary passport ☐ Diplomatic pa ☐ Other travel document (please spec		ssport □ Official p	asspo	rt □ Special passport	□ TMI □ Other:
13. Number of travel document 14	. Date of issue	15. Valid until		16. Issued by	Visa decision: □ Refused
17. Applicant's home address and e-r	nail address		Tele	phone number(s)	☐ Issued:
17. Applicant's nome address and e-i	nan address		reicj	phone number(s)	□ A □ C □ LTV
18. Residence in a country other than	the country of cur	rent nationality	ı		□ Valid:
□ No□ Yes. Residence permit or equivale	nt	. No		Valid until	From
* 19. Current occupation					Until
					Number of entries: □ 1 □ 2 □ Multiple
					_ 1 u 2 u Munipic
					Number of days:

* 20. Employer and employer's address and telephone num establishment.	er. For students, name and address of o	educational
21. Main purpose(s) of the journey: □ Tourism□ Business□ Visiting family or friend □ Medical reasons □ Study□ Transit □ Airport transit□ Other (please	specify)	Official visit
22. Member State(s) of destination	23. Member State of first entry	
24. Number of entries requested □ Single entry□ Two entries□ Multiple entries	25. Duration of the intended stay or tr Indicate number of days	ansit
* The fields marked with * shall not be filled in by family receiving their right to free movement. Family members of fill in fields no 34 and 35.		
(x) Fields 1-3 shall be filled in in accordance with the data 26. Schengen visas issued during the past three years	n the travel document.	
□ No □ Yes. Date(s) of validity fromto		
27.Fingerprints collected previously for the purpose of apply □ No	ing for a Schengen visa	
28. Entry permit for the final country of destination, where a Issued by		
29. Intended date of arrival in the Schengen area	30. Intended date of departure from area	the Schengen
* 31. Surname and first name of the inviting person(s) in the temporary accommodation(s) in the Member State(s)	Member State(s). If not applicable, nar	me of hotel(s) or
Address and e-mail address of inviting person(s)/hotel(s)/ter accommodation(s)	aporary Telephone and telef	řax –

*32. Name and address of inviting comp			one and telefax of company/organisation	
Surname, first name, address, telephone	, telefax, and e-mail add	ress of contact person	in company/organisation	
*33. Cost of travelling and living during	the applicant's stay is co	overed		_
□ by the applicant himself/herself		□ by a sponsor (host, please specif □ referred to in i □ other (please s		
Means of support				
□ Cash		Means of support		
□ Traveller's cheques		□ Cash	:4-4	
□ Credit card□ Pre-paid accommodation		 □ Accommodation pro □ All expenses covere 		
□ Pre-paid transport		☐ Pre-paid transport		
☐ Other (please specify)		☐ Other (please specif		
		* *	-	
34. Personal data of the family member	who is an EU, EEA or C	CH citizen		
Surname		First name(s)		
Date of birth	Nationality	Nue	nber of travel document or	
Date of birtii	ivationality		eard	
			out.	
35. Family relationship with an EU, EE		1		
□ spouse child□ gr		□ dependent ascendan	ıt	
36. Place and date		ure (for minors, signa uthority/legal guardian		
	L			1

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 (cf. field no 24):

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 States.

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 visa application; and any personal data concerning me which appear on the visa 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 visa application.

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)¹ 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 fulfil 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 the FPS Home Affairs – Immigration Office – 59b Chaussée d'Anvers, 1000 Brussels, Belgium.

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 State concerned. The national supervisory authority of this Member State (Commission for the Protection of Privacy - 139, rue Haute, 1000 Brussels, Belgium) will hear claims concerning the protection of personal data.

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.

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 5(1) of Regulation (EC) No 562/2006 (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.

Place and date	Signature
	(for minors, signature of parental authority/legal guardian):

Insofar as the VIS is operational.