

* *	Application for Schengen Visa			РНОТО
***	Thi	is application	form is free	
Surname (Family name):				FOR OFFICIAL USE ONLY
2. Surname at birth (Former family	y name(s)):			Date of application:
3. First name(s) (Given name(s)):				Visa application number:
4. Date of birth (day-month-year):	5. Place of birth:		7.Current nationality:	Application lodged at
	6. Country of birth:	:	Nationality at birth, if different:	☐ Embassy/consulate ☐ Service provider ☐ Commercial intermediary ☐ Border (Name)
			Other nationalities:	
8. Sex:	9. M	Iarital status:		·
□ Male □ Female	☐ Single ☐ Married ☐ Registered Partnership ☐ Separated ☐ Divorced ☐ Widow(er) ☐ Other (please specify)			□ Other
10. In the case of minors: parental telephone number, e-mail address :		urname, first name, a	address, if different from applicant's,	File handled by:
				Supporting documents:
11. National identity number, when	☐ Travel document ☐ Means of subsistence ☐ Invitation			
12. Type of travel document:	☐ Means of transport ☐ TMI			
☐ Ordinary passport ☐ Diplomat☐ Other travel document (please		oort □ Official passpo	ort □ Special passport	□ Other:
13. Number of travel document:	14. Date of issue:	15. Valid until:	16. Issued by (country):	Visa decision:
17. Personal data of the family me	_ □ Refused □ Issued: □ A □ C			
Surname (Family name): First name(s) (Given name(s)):				□LTV
				□ Valid: From Until
Date of birth (day-month-year):	Nationality:		Number of travel documents or ID card:	Number of entries: □ 1 □ 2 □ Multiple
18. Family relationship with an EU	Number of days:			
□ spouse □ child □ grandchild □	dependent ascendant □ reg	gistered partnership	other	

19. Applicant's home address and e-mail address:	Telephone number(s):
20. Residence in a country other than the country of current na	tionality:
M.	
□ No □ Ves Residence permit or equivalent	
1 res. Residence permit of equivalent	Number vand until
* 21	
* 21. Current occupation:	
* 22. Employer and employer's address and telephone number	For students, name and address of educational establishment:
23. Main purpose(s) of the journey:	
☐ Tourism ☐ Business ☐ Visiting family or friends ☐ Cultural	□ Sports □ Official visit
□ Medical reasons □ Study □ Airport transit □ Other (please specified in the second s	
24. Additional information on purpose of stay:	
25. Member State(s) of main destination (and other Member	26. Member State of first entry:
States of destination, if applicable):	20. Welhoef State of first entry.
States of destination, if appreciate).	
27. Number of entries requested:	
2 // Names of chares requested.	
☐ Single entry ☐ Two entries ☐ Multiple entries	
Intended date of arrival of the first intended stay in the Sche	ngen area:
Intended date of departure from the Schengen area after the	first intended stay:
	·
28. Fingerprints collected previously for the purpose of applying	ng for a Schengen visa: □ No □ Yes.
Date, if knownVisa sticker num	how if Imports
Date, 11 knownvisa sucker num	ber, 11 known
29. Entry permit for the final country of destination, where app	plicable:
Issued byValid fro	omuntil
* 20 C	Member State(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the
Member State(s)	remoer state(s). If not applicable, hame of notel(s) of temporary accommodation(s) in the
richiber state(s)	
	<u></u>
Address and e-mail address of inviting	Telephone number:
person(s)/hotel(s)/temporary accommodation(s):	
WOLVE 1 11 C	
*31. Name and address of inviting company/organisation:	
	,
Surname, first name, address and e-mail address of contact	Telephone number of company/organisation:
person in company/organisation:	
*32. Cost of travelling and living during the applicant's stay is	covered:

☐ by the applicant himself/herself. Means of support:	□ by a sponsor (host, company, organisation), please specify: □ referred to in field 30 or 31 □ other (please specify)
□ Cash	= outer (precise speerly)
□ Traveller's cheques	Means of support:
☐ Credit card☐ Pre-paid accommodation☐	☐ Cash☐ Accommodation provided☐
□ Pre-paid accommodation	☐ Accommodation provided ☐ All expenses covered during the stay
☐ Other (please specify)	□ Pre-paid transport
	□ Other (please specify)
I am aware that the visa fee is not refunded if the vis	sa is refused.
Applicable in case a multiple-entry visa is applied for	or (cf. field no 27):
I am aware of the need to have an adequate travel of Member States.	medical insurance for my first stay and any subsequent visits to the territory
photograph and, if applicable, the taking of finger personal data concerning me which appear on the	ollection of the data required by this application form and the taking of my prints, are mandatory for the examination of the visa application; and any visa application form, as well as my fingerprints and my photograph will be states and processed by those authorities, for the purposes of a decision on my
issued will be entered into, and stored in the Visa Ir will be accessible to the visa authorities and the au within the Member States, immigration and asylun conditions for the legal entry into, stay and residen who do not or who no longer fulfil these condition such examination. Under certain conditions the dat Europol for the purpose of the prevention, detection	ken on my application or a decision whether to annul, revoke or extend a visa aformation System (VIS) for a maximum period of five years, during which it thorities competent for carrying out checks on visas at external borders and an authorities in the Member States for the purposes of verifying whether the ace on the territory of the Member States are fulfilled, of identifying persons s, of examining an asylum application and of determining responsibility for a will be also available to designated authorities of the Member States and to and investigation of terrorist offences and of other serious criminal offences. We data is the consular post at which the visa was applied for.
and of the Member State which transmitted the dat and that data relating to me processed unlawfully b	the Member States notification of the data relating to me recorded in the VIS ta, and to request that data relating to me which are inaccurate be corrected e deleted. At my express request, the authority examining my application will by right to check the personal data concerning me and have them corrected or
deleted, including the related remedies according to of that Member State [in the Spanish case, the Agen	o the national law of the State concerned. The national supervisory authority icia Española de Protección de Datos; calle Jorge Juan, número 6 (C.P.28001) tus-derechos/derechos-schengen, will hear claims concerning the protection
	ciculars supplied by me are correct and complete. I am aware that any false or to the annulment of a visa already granted and may also render me liable which deals with the application.
possession of a visa is only one of the prerequisites that a visa has been granted to me does not mean provisions of Article 6(1) of Regulation (EC) No.	States before the expiry of the visa, if granted. I have been informed that a for entry into the European territory of the Member States. The mere fact that I will be entitled to compensation if I fail to comply with the relevant 399/2016 (Schengen Borders Code) and I am therefore refused entry. The ry into the European territory of the Member States.
Place and date	Signature (for minors, signature of parental authority/legal guardian):
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^{*}Family members of EU, EEA or CH citizens shall not fill in fields number 21, 22, 30, 31 and 32 (marked with *).

^{*} Fields 1-3 shall be filled in in accordance with the data in the travel document.