Harmonised application form

Application for Schengen Visa

This application form is free



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

Fields 1–3 shall be fille	ed in in accordance with th	e data in the travel doc	cument.
			For official use only Date of application:
			Application number:
3. First name(s) (Giver	n name(s)):		
4. Date of birth (daymonth-year):	5. Place of birth:6. Country of birth:	7. Current nationality: Nationality at birth, if different: Other nationalities:	Application lodged at: □Embassy/consulate □ Service provider □Commercial intermediary
8. Sex: Male Female Other	9. Civil status: □Single □ Married □ I □ Separated □ Divorce Other (please specify):	d □ Widow(er) □	☐ Border (Name): ☐ Other:
 Parental authority (name, address, if di address, and national 	(in case of minors)/legal gu fferent from applicant's, te ality):	ardian (surname, first lephone No, email	rile handled by:

11.National identity number, where applicable:			Supporting documents:	
				☐ Travel document
12. Type of travel document:				☐Means of subsistence
□Ordinary passport □ Diplomatic passport □ Service passport □ Official passport □ Special passport			□Invitation	
□Other travel docu	ment (please sp	pecify):		
13. Number of travel	14. Date of	15.Valid	16.Issued by	⊓TMI
document:	issue:	until:	(country):	☐ Means of transport
				Other:
				Visa decision:
				☐ Refused
17 Personal data of the	family membe	r who is an	EU EEA or CH	☐ Issued:
17.Personal data of the family member who is an EU, EEA or CH citizen or a UK national who is a beneficiary of the EU-UK			□ A	
Withdrawal Agreen	nent, if applicat	ole		□С
Surname (Family name): First name(s) (Given name(s)):		□ LTV		
		□ Valid:		
				From:
Data of birds (dass	NI - 4' 1'4		NI1	Until:
Date of birth (day-month-year):	Nationality:		Number of travel document or ID card:	
18. Family relationship national who is a be Agreement, if appli	eneficiary of the			
□spouse □ child □	grandchild	dependent	ascendant	
□registered partnership □ other:				
ì				ĺ

19. Applicant's home address and email address: Telephone no.:	
20.Residence in a country other than the country of current nationality ☐ No ☐ Yes. Residence permit or equivalent No Valid until	
*21. Current occupation:	Number of entries: ☐1 ☐ 2 ☐ Multiple Number of days:
*22. Employer and employer's address and telephone number. For students, name and address of educational establishment:	
23. Purpose(s) of the journey: □Tourism □ Business □ Visiting family or friends □ Cultural □ Sports □ Official visit □ Medical reasons □ Study □ Airport transit □ Other (please specify):	
24. Additional information on purpose of stay:	
25. Member State of main destination (and other Member States of destination, if applicable):	
27. Number of entries requested: □Single entry □ Two entries □ Multiple entries	_

Intended date of arrival of the first i area:		
Intended date of departure from the intended stay:		
28. Fingerprints collected previously for Schengen visa: ☐ No ☐ Yes.	or the purpose of applying for a	
Date, if known Number of the vi		
29. Entry permit for the final country of Issued by Valid from until		
*30. Surname and first name of the inv State(s). If not applicable, name of accommodation(s) in the Member	hotel(s) or temporary	
Address and email address of inviting person(s)/hotel(s)/temporary accommodation(s):	Telephone No:	
*31. Name and address of inviting con	npany/organisation:	
Surname, first name, address, telephone No, and email address of contact person in company/organisation:	Telephone No of company/organisation:	

*32. Cost of travelling and living durin	g the applicant's stay is covered:	
□by the applicant Means of support:	□by a sponsor (host, company, organisation), please specify:	
□ Cash	□referred to in field 30 or 31	
☐ Traveller's cheques	□other (please specify):	
☐ Credit card	1 1 27	
☐ Pre-paid accommodation	Means of support:	
☐ Pre-paid transport	□ Cash	
☐ Other (please specify):	☐ Accommodation provided	
	☐ All expenses covered during the stay	
	☐ Pre-paid transport	
	☐ Other (please specify):	
form, if different from the applicant Address and email address of the person filling in the application form:	Telephone No:	
I am aware that the visa fee is not refu	nded if the visa is refused.	
Applicable in case a multiple-entry vis I am aware of the need to have adequa subsequent visits to the territory of Me	te travel medical insurance for m	y first stay and any
I am aware of and consent to the followapplication form and the taking of my fingerprints, are mandatory for the exaconcerning me which appear on the apphotograph will be supplied to the relethose authorities, for the purposes of a Such data as well as data concerning the whether to annul, revoke or extend a valid Information System (VIS) for a maximaccessible to the visa authorities and the visas at external borders and within the	photograph and, if applicable, the mination of the application; and a plication form, as well as my fing evant authorities of the Member S decision on my application. The decision taken on my application is a issued will be entered into another period of five years, during we authorities competent for carry	e taking of any personal data gerprints and my tates and processed by on or a decision d stored in the Visa which it will be ing out checks on

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: [(...)].

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 [contact details: ...] 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 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.

Place and date:	Signature of applicant:
	(signature of parental authority/legal guardian, if applicable):

⁽¹⁾ No logo is required for Norway, Iceland, Liechtenstein and Switzerland.