



STAMP

Schengen Visa Application

PHOTO

This application form is free of charge

1. Surname (Family name) (x)				For official use only Date of application: Visa application number:	
2. Surname at birth (Former family name(s)) (x)					
3. First name(s) (Given name(s)) (x)					
4. Date of birth (day-month-year)		5. Place of birth		7. Current nationality	
		6. Country of birth		Nationality at birth, if different:	
8. Sex <input type="checkbox"/> male <input type="checkbox"/> female		9. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married v <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify)			
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian					
11. National identity number, where applicable					
12. Type of travel document <input type="checkbox"/> Ordinary passport <input 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		14. Date of issue	15. Valid until	16. Issued by	
17. Applicant's home address: E-mail address:				Telephone number(s):	
18. Residence in a country other than the country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes Residence permit or equivalent No. Valid until					
*19. Current occupation					
*20. Employer and employer's address and telephone number. For students, name and address of educational establishment.					
21. Main purpose(s) of the journey: <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 reasons <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify)					
22. Member State(s) of destination			23. Member State of first entry		

Application lodged at
 Embassy/consulate
 CAC
 Service provider
 Commercial intermediary
 Border

Name:
 Other

File handled by:

Supporting documents:
 Travel document
 Means of subsistence
 Invitation
 Means of transport
 TMI
 Other:

Visa decision:
 Refused:
 Issued:
 A
 C
 VTBG

Valid:

From:
To:

Number of entries:
 1 2 Multiple

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.

24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries		25. Duration of the intended stay or transit Indicate number of days	
26. Schengen visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes: date(s) of validity from		to	
27. Fingerprints collected previously for the purpose of applying for a Schengen visa <input type="checkbox"/> No <input type="checkbox"/> Yes. Date, if known			
28. Entry permit for the final country of destination, where applicable Issued by		Valid from	
		until	
29. Intended date of arrival in the Schengen area		30. Intended date of departure from the Schengen area	
* 31. Surname and first name of the inviting person(s) in the Member State(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the Member State(s)			
Address of inviting person(s)/hotel(s)/temporary accommodation(s)		Telephone nr:	
Email address:			
*32. Name and address of inviting company/organization		Telephone and telefax of company/organisation	
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation			
*33. Cost of travelling and living during the applicant's stay is covered			
<input type="checkbox"/> by the applicant himself/herself		<input type="checkbox"/> by a sponsor (host, company, organisation), please specify:	
Means of support		<input type="checkbox"/> referred to in field 31 or 32	
<input type="checkbox"/> Cash		<input type="checkbox"/> other (please specify)	
<input type="checkbox"/> Traveller's cheques		Means of support	
<input type="checkbox"/> Credit card		<input type="checkbox"/> Cash	
<input type="checkbox"/> Pre-paid accommodation		<input type="checkbox"/> Accommodation provided	
<input type="checkbox"/> Pre-paid transport		<input type="checkbox"/> All expenses covered during the stay	
<input type="checkbox"/> Other (please specify)		<input type="checkbox"/> Pre-paid transport	
		<input type="checkbox"/> Other (please specify)	
34. Personal data of the family member who is an EU, EEA or CH citizen			
Surname		First name(s)	
Date of birth		Nationality	Number of travel document or ID card
35. Family relationship with an EU, EEA or CH citizen <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant			
36. Place		37. Signature (for minors, signature of parental authority/legal guardian)	
date			

* 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.

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) 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: Ministry of Foreign Affairs, Consular Affairs and Migration Policy Department (DCM), Postbus 20061, 2500 EB DEN HAAG.

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 that Member State [College Bescherming Persoonsgegevens, Postbus 93374, 2509 AJ DEN HAAG] 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):
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(Endnotes)

1 Insofar as the VIS is operational.

Visa/passport permission for a minor child.

I (the father/guardian) _____

born on _____ ID no _____

and I (the mother/guardian) _____

born on _____ ID no _____

give permission for our minor child, _____

born on _____ to apply for a visa/ passport.

In case of a visa application I do/do not agree with a longer term visa (if applicable)

Father

Mother

Date _____

Signature _____

- *Single parent/guardian traveling with minor child, need to have a signed copy of consent letter during traveling*

Affidavit of Consent for Children Travelling Abroad

To whom it may concern,

I / We,

Address:

_____ *full name(s) of parent(s) / person(s) / organization giving consent*

_____ *street address, city*

_____ *province, country*

Telephone and email:

_____ *Telephone*

_____ *email*

am / are the parent(s), legal guardian(s) or other authorized person(s) or organization with custody rights, access rights or parental authority over the following child:

Child Information:

Name:

_____ *child's full name*

Date and place of birth:

_____ *dd/mm/yyyy*

_____ *city, province*

Number and date of issue of passport (if available):

_____ *Number*

_____ *dd/mm/yyyy*

Issuing authority of passport (if available):

_____ *country where passport was issued*

Birth certificate registration number

_____ *Number*

Issuing authority of birth certificate

_____ *province / country where birth certificate was issued*

This child has my / our consent to travel alone or This child has my / our consent to travel with

Accompanying Person:

Name:

_____ *full name of accompanying person*

Relationship to child:

_____ *mother, father, grandparent, sister, brother, relative, friend, other*

Number and date of issue of passport:

_____ *Number*

_____ *dd/mm/yyyy*

Issuing authority of passport:

_____ *country where passport was issued*

Contact Information during trip:

Destination(s):

_____ *name of destination country / countries*

Travel dates:

_____ *date of departure to date of return*

to stay with / at (if applicable)

_____ *name of person with whom child will be staying / hotel or other*

at the following address(es)

_____ *street address(es), city (cities)*

_____ *province(s)/state(s), country (countries)*

Telephone and email

This affidavit must be signed before an official who has the authority to administer an oath or a solemn declaration.

Signature (s) of person(s) giving consent

Subscribed and sworn before me

_____ (signature)

this _____ day of _____, 20_____

Name:

At _____

_____ (signature)

_____ (Signature)

Name:

Name of Official _____

Date:

Title: _____