



Application for Schengen visa

This application form is free

РНОТО

					For official use only
1. Surname (Family name) (x)					
	Date of application:				
2. Surname at birth (Former family	Visa application number :				
3. First name(s) (Given name(s)) (x					
4. Date of birth	5. Place of birth: 7. Current nationality:			File handled by :	
(day-month-year)	6. Country of birth: Nationality at birth, if different:			A P C 1 1 1 .	
					Application lodged at : □ Embassy/consulate
8. Sex 9. Marital Status Single Married Separated Divorced Widow(er)					□ CAC □ Service provider
☐ Male ☐ Female	Iale Female Other (please specify)				
10. In the case of minors: Surname authority/legal guardian	Name:				
<i>y.</i> 0 0	□ Other				
11. National identity number, when					
12. Type of travel document	Supporting documents:				
☐ Ordinary passport ☐ Dip	□ Travel document				
Other travel document (ple	☐ Means of subsistence ☐ Invitation				
13. Travel document number	14. Date of issue	15. Valid	l until	16. Issued by	☐ Means of transport
	4500				□ TMI □ Other:
17. Applicant's home address and					
					Visa decision:
	□ Refused				
	□ Issued:				
18. Residence in a country other to	□ A □ C				
☐ No ☐ Yes : Residen	□ LTV				
* 19. Current occupation	□ Valid:				
* 20. Employer and employer's a	From				
establishment.	Until				
	Number of entries:				
21. Main purpose(s) of the journe	− □ 1 □ 2 □ Multiple				
☐ Tourism ☐ Business ☐	Visiting family or friends	Cultural :	Sports 🔲 (Official visit Study	Number of days:
☐ Medical reasons ☐ Tran					
22. Member State(s) of destination 23. Member State of first entry					
24. Number of entries requested 25 Duration of the intended stay or transit				-	
☐ Single entry ☐ Two entries ☐ Multiple entries			Indicate number of days:		
26. Schengen visas issued during t	1				
□ No					
Yes. Date(s) of validity					
27. Fingerprints collected previously for the purpose of applying for a Schengen visa No Yes. Date, if known:					
28. Entry permit for the final country of destination, where applicable Issued by, valid from					
100aca by	, vand 110	,			·]

^{*} The fields marked with * do not need to 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.

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29. Intended date of arrival in the Schengen area	30. Intended date of departure from the Sch	30. Intended date of departure from the Schengen area					
	1	O					
* 31. Surname and first name of the inviting person(s) in the Member State(s)	State(s). If not applicable, name of hotel(s) or tem	porary accommodation(s) in the					
Address and e-mail address of inviting person(s)/hotel(s)/temporary ac	commodation(s)	Telephone and telefax					
Tradition and C man address of infraring person(o), noted (o), temporary ac		Telephone and telefall					
* 32. Name and address of inviting company/organisation		Telephone and telefax of					
32. Ivanic and address of inviting company/ organisation		company/organisation					
Surname, first name, address, telephone, telefax, and e-mail address of o	contact person in company/organisation						
ournaine, mane, address, telephone, telephone, telephone, telephone	onuet person in company, organismon						
* 33. Cost of travelling and living during the applicant's stay is covered							
by the applicant himself/herself	by a sponsor (host, company, organisation),						
by the applicant nimsen/nersen	Please specify						
Means of support	referred to in field 31or 32						
☐ Cash ☐ Traveller's cheques	☐ other (please specify) :						
Credit card	Cash						
Pre-paid accommodation	Accomodation provided						
Pre-paid transport	All expenses covered during the stay						
Other (please specify):	☐ Pre-paid transport	Pre-paid transport					
	Other (please specify):						
34. Personal data of the family member who is an EU, EEA or CH citiz	zen						
Surname	First name(s)						
Date of birth Nationality Nu	Imber of travel document or ID card						
Tradonanty 110	amber of traver document of 115 card						
35. Family relationship with an EU, EEA or CH citizen:							
spouse child grandchild dependent ascendant							
36. Place and date 37. Signature (for mir	<mark>nors, signature of parental authori</mark> ty / legal guardia	n)					
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 require							
fingerprints, are mandatory for the examination of the visa application; and fingerprints and my photograph will be supplied to the relevant authorities							
my visa application.		,					
Such data as well as data concerning the decision taken on my application of							
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: Commission Nationale de l'Informatique et des Libertés – 3 Place de							
Fontenoy - TSA 80715 - 75334 PARIS CEDEX 07	entification of the data volction to me accorded in th	o VIS and of the Member State which					
I am aware that I have the right to obtain in any of the Member States n transmitted the data, and to request that data relating to me which are in							
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 membre [Commission Nationale de l'Informatique et des Libertés – 3 I protection of personal data.	Place de Fontenoy - TSA 80715 - 75334 PARIS CED	PEX 07] will hear claims concerning the					
1	correct and complete. I am aware that any false state	ements will lead to my application being					
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. compensation if I fail to comply with the relevant provisions of Article 50							
entry. The prerequisites for entry will be checked again on entry into the Eu		races code, and I am incretore refused					
Place and date	Signature (for minors, signature of parental au	nthority/legal guardian):					
	, , , , , , , , , , , , , , , , , , , ,	,					
(1) Insofar as the VIS is operational							