

## Application for Schengen Visa

* *	This application form is free					РНОТО
^* <del>*</del> *						
1. Surname (Family name):						FOR OFFICIAL USE ONLY
2. Surname at birth (Former fami	ly 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:		ŀ	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:	Border (Name)
8. Sex:		9.	Marital status:			··································
□ Male □ Female	☐ Single ☐ Married ☐ Registered Partnership ☐ Separated ☐ Divorced ☐ Widow(er) ☐ Other (please specify)					□ Other
telephone number, e-mail addres					lress, if different from applicant's,	File handled by:
11. National identity number, wh	Supporting documents:  □ Travel document □ Means of subsistence □ Invitation					
12. Type of travel document:  ☐ Ordinary passport ☐ Diplom ☐ Other travel document (please			ssport □ Official p	oassport	□ Special passport	□ Means of transport □ TMI □ Other:
13. Number of travel document:	14.	Date of issue:	15. Valid unt	til:	16. Issued by (country):	Visa decision:  □ Refused
17. Personal data of the family m	□ Issued: □ A					
Surname (Family name): First name(s) (Given name(s)):					□ C □LTV	
						□ Valid: From Until
Date of birth (day-month-year):		Nationality:		N	umber of travel documents or ID card:	Number of entries:  □ 1 □ 2 □ Multiple
18. Family relationship with an E	EU, EEA	or CH citizen:				Number of days:
□ spouse □ child □ grandchild	□ depen	dent ascendant	registered partners	ship □ o	ther	

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:
□ No	Number Valid until
☐ Yes. Residence permit or equivalent	Number
* 21. Current occupation:	
* 22. Employer and employer's address and telephone number.	For students, name and address of educational establishment:
T system of the	
23. Main purpose(s) of the journey:	
Toynigus = Dygin ogg = Vigiting family on friends = Cultural	= Smoute = Official visit
☐ Tourism ☐ Business ☐ Visiting family or friends ☐ Cultural ☐ Medical reasons ☐ Study ☐ Airport transit ☐ Other (please sp	
I recurred reasons is study is rimport transit is other (prease sp	(conf)
24. Additional information on purpose of stay:	
	26. Member State of first entry:
States of destination, if applicable):	
07 Namel and fraction are sented.	
27. Number of entries requested:	
☐ Single entry ☐ Two entries ☐ Multiple entries	
Intended date of arrival of the first intended stay in the Scher	ngen area:
Internal and data of the control form the Calculation of the state of	C.,,, t.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Intended date of departure from the Schengen area after the	nrst intended stay:
28. Fingerprints collected previously for the purpose of applying	ng for a Schengen visa: □ No □ Yes.
Date, if knownVisa sticker num	ber, if known
29. Entry permit for the final country of destination, where app	Nicoblas
25. End y permit for the final country of destination, where app	nicable.
Issued byValid fro	omuntil
	Iember State(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the
Member State(s)	
Address and e-mail address of inviting	Telephone number:
person(s)/hotel(s)/temporary accommodation(s):	
*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:
I .	

□ by the applicant himself/herself.  Means of support: □ Cash □ Traveller's cheques □ Credit card □ Pre-paid accommodation □ Pre-paid transport □ Other (please specify)	□ by a sponsor (host, company, organisation), please specify: □ referred to in field 30 or 31 □ other (please specify)  Means of support: □ Cash □ Accommodation provided □ All expenses covered during the stay □ Pre-paid transport □ Other (please specify)				
I am aware that the visa fee is not refunded if th	ne visa is refused.				
Applicable in case a multiple-entry visa is applied for (cf. field no 27):  I am aware of the need to have an adequate travel medical insurance for my first stay and any subsequent visits to the territor of Member States.					
photograph and, if applicable, the taking of fi personal data concerning me which appear on	the collection of the data required by this application form and the taking of my ingerprints, are mandatory for the examination of the visa application; and any the visa application form, as well as my fingerprints and my photograph will be ber States and processed by those authorities, for the purposes of a decision on my				
issued will be entered into, and stored in the Vi will be accessible to the visa authorities and th within the Member States, immigration and as conditions for the legal entry into, stay and res who do not or who no longer fulfil these condisuch examination. Under certain conditions the Europol for the purpose of the prevention, dete	on taken on my application or a decision whether to annul, revoke or extend a visa is a Information System (VIS) for a maximum period of five years, during which it is authorities competent for carrying out checks on visas at external borders and sylum authorities in the Member States for the purposes of verifying whether the sidence on the territory of the Member States are fulfilled, of identifying personsitions, of examining an asylum application and of determining responsibility for e data will be also available to designated authorities of the Member States and to cition and investigation of terrorist offences and of other serious criminal offences and the data is the consular post at which the visa was applied for.				
and of the Member State which transmitted the and that data relating to me processed unlawfu inform me of the manner in which I may exerci deleted, including the related remedies according that Member State [in the Spanish case, the American content of that Member State [in the Spanish case, the American case]	by of the Member States notification of the data relating to me recorded in the VIS e data, and to request that data relating to me which are inaccurate be corrected ally be deleted. At my express request, the authority examining my application will see my right to check the personal data concerning me and have them corrected or ng to the national law of the State concerned. The national supervisory authority Agencia Española de Protección de Datos; calle Jorge Juan, número 6 (C.P.28001) noce-tus-derechos/derechos-schengen, will hear claims concerning the protection				
	particulars supplied by me are correct and complete. I am aware that any false ected or to the annulment of a visa already granted and may also render me liable ate which deals with the application.				
possession of a visa is only one of the prerequithat a visa has been granted to me does not n provisions of Article 6(1) of Regulation (EC)	nber States before the expiry of the visa, if granted. I have been informed that isites for entry into the European territory of the Member States. The mere fact nean that I will be entitled to compensation if I fail to comply with the relevant No 399/2016 (Schengen Borders Code) and I am therefore refused entry. The entry into the European territory of the Member States.				
Place and date	Signature (for minors, signature of parental authority/legal guardian):				

<sup>\*</sup>Family members of EU, EEA or CH citizens shall not fill in fields number 21, 22, 30, 31 and 32 (marked with \*).

<sup>\*</sup> Fields 1-3 shall be filled in in accordance with the data in the travel document.