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.

rielus 1=3 shan de inn	ed in in accordance with	ine data in the traver do	cument.
1. Surname (Family name):		For official use only Date of application:	
2. Surname at birth (Fo	ormer family name(s)):		Application number:
3. First name(s) (Giver	n name(s)):		
4. Date of birth (day-month-year):	<ul><li>5. Place of birth:</li><li>6. Country of birth:</li></ul>	7. Current nationality:  Nationality at birth, if different:  Other nationalities:	Application lodged at:  □Embassy/consulate  □ Service provider  □Commercial intermediary
8. Sex:	9. Civil status:  □Single □ Married □  □ Separated □ Divore Other (please specify)	` '	□ Border (Name): 

□ Other				□ Other:
10. Parental authority ( name, address, if di address, and nations	fferent from ap	ors)/legal gu plicant's, te	uardian (surname, first elephone No, email	File handled by:
11.National identity number, where applicable:			Supporting documents:  Travel document  Means of	
12. Type of travel document:			subsistence	
□Ordinary passport □ Diplomatic passport □ Service passport □ Official passport □ Special passport			□Invitation	
□Other travel docu	ment (please sp	ecify):		
13. Number of travel	14. Date of	15.Valid	16.Issued by	□TMI
document:	issue:	until:	(country):	☐ Means of transport
				☐ Other:
				Visa decision:
				☐ Refused
				☐ 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 Withdrawal Agreement, if applicable			_   \( \sigma \)	
			□С	
			□ LTV	
				□ Valid:
Surname (Family name):		First name(s) (Given name(s)):		From: Until:

Date of birth (day- month-year):	Nationality:	Number of travel document or ID car	d:
national who is a b Agreement, if appl	eneficiary of the EU icable:		
19. Applicant's home	address and email a	Telephone no.:	
□ No		country of current nationality t No Valid until	<i>r</i> :
*21. Current occupation	on:		Number of entries:  ☐1 ☐ 2 ☐ Multiple  Number of days:
		d telephone number. For conal establishment:	

23. Purpose(s) of the journey: □Tourism □ Business □ Visiting family or friends □ Cultural □	
Sports □ Official visit □ Medical reasons □ Study □ Airport trans	it
☐ Other (please specify):	
24. Additional information on purpose of stay:	
25. Member State of main destination 26. Member State of first entr	
(and other Member States of	y.
destination, if applicable):	
27. Number of entries requested:	
☐Single entry ☐ Two entries ☐ Multiple entries	
Intended date of arrival of the first intended stay in the Schengen area:	
Intended date of departure from the Schengen area after the first	
intended stay:	
28. Fingerprints collected previously for the purpose of applying for Schengen visa: □ No □ Yes.	·a
Date, if known Number of the visa, if known	
29. Entry permit for the final country of destination, where applicab	le:
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	f 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 during	ng the applicant's stay is covered:
□by the applicant Means of support:	□by a sponsor (host, company, organisation), please specify:
□ Cash □ Traveller's cheques	□referred to in field 30 or 31
☐ Credit card ☐ Pre-paid accommodation	□other (please specify):

☐ Pre-paid transport		
☐ Other (please specify):	Means of support:	
	□ Cash	
	☐ Accommodation provided	
	☐ All expenses covered during the stay	
	☐ Pre-paid transport	
	☐ Other (please specify):	
33. Surname and first name of the personant form, if different from the applican		
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		
a approximate and a minimum control of		
I am aware of the need to have adequa subsequent visits to the territory of Me		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 relet those authorities, for the purposes of a Such data as well as data concerning the whether to annul, revoke or extend a validation of the visa authorities and the visas at external borders and within the Member States for the purposes of into, stay and residence on the territory persons who do not or who no longer application and of determining respon the data will be also available to design	photograph and, if applicable, the amination of the application; and application form, as well as my fing evant authorities of the Member States decision on my application. The decision taken on my application is a issued will be entered into another authorities competent for carry the Member States, immigration and everifying whether the conditions by of the Member States are fulfille fulfil these conditions, of examination. Under the condition of the Member States are fulfilled.	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 ring out checks on d asylum authorities in for the legal entry ed, of identifying ing an asylum der certain conditions

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):

<sup>(1)</sup> No logo is required for Norway, Iceland, Liechtenstein and Switzerland.