

ANNEX 26

**STANDARD FORM FOR APPROVAL OF EVIDENCE REGARDING THE
RESPECT OF CONDITIONS OF DURATION OF A SHORT STAY IN CASES
WHERE THE TRAVEL DOCUMENT DOES NOT BEAR AN ENTRY STAMP**

Name of State

LOGO OF STATE(Name of Office)



**APPROVAL OF THE EVIDENCE REGARDING THE RESPECT OF THE
CONDITION OF THE DURATION OF A SHORT STAY IN CASES WHERE THE
TRAVEL DOCUMENT DOES NOT BEAR AN ENTRY STAMP**

On _____ at (time) _____ at (place) _____

We, the undersigning authority, _____ have before
us:

Surname _____ First name _____

Date of birth _____ Place of birth _____ Sex: _____

Nationality _____ Resident in _____

Travel document _____ number _____

Issued in _____ on _____

Visa number _____ (if applicable) issued by _____

for a period of _____ days on the following grounds: _____

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

Having regard to the evidence relating to the duration of his/her stay on the territory of the Member States that he/she) has provided, he/she) is considered to have entered the territory of the Member State _____ on _____ at _____ at the border crossing point _____

Contact details of the undersigning authority:

Tel: _____

Fax: _____

e-mail: _____

The person concerned will receive a copy of this document.

Person concerned

**Officer responsible
+ stamp**