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.

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1. Surname (Family name):				For official use only Date of application:
2. Surnar	me at birth (Fo	Application number:		
3. First n	ame(s) (Giver	n name(s)):		
4. Date of birth (day- month-year):		5. Place of birth:	7. Current nationality:	Application lodged at:
				□Embassy/consulate
				☐ Service provider
		6. Country of birth:	Nationality at birth, if different:	□Commercial intermediary
			Other nationalities:	
8. Sex:		9. Civil status:		☐ Border (Name):
☐ Male☐ Female☐ Other		□Single □ Married □ Registered Partnership □ Separated □ Divorced □ Widow(er) □ Other (please specify):		
				☐ Other:
name,	atal authority address, if di	(in case of minors)/legal gu fferent from applicant's, te ality):	uardian (surname, first elephone No, email	File handled by:

11.National identity number, where applicable:				Supporting documents:
				☐ Travel document
12. Type of travel docu	☐Means of subsistence			
☐Ordinary passport ☐	□Invitation			
□Other travel docu	ment (please sp	ecify):		
13. Number of travel	14. Date of	15.Valid	16.Issued by (country):	□TMI
document:	issue:	until:		☐ Means of transport
				☐ Other:
				Visa decision:
				□ Refused
17.Personal data of the	family membe	r who is an	EU, EEA or CH	☐ Issued:
citizen or a UK nati Withdrawal Agreen		-	of the EU-UK	□ A
w marawar Agreen	пені, н аррнеас	лс		□С
Surname (Family name	e):	First name	e(s) (Given name(s)):	□ LTV
				□ Valid:
				From: Until:
Date of birth (day-month-year):	Nationality:		Number of travel document or ID cards	
18. Family relationship national who is a be Agreement, if appli	eneficiary of the			
□spouse □ child □				
□registered partnership □ other:				

19. Applicant's home address and email address: Telephone no.:	
20.Residence in a country other than the country of current nationality:	
☐ No ☐ Yes. Residence permit or equivalent No Valid until	
*21. Current occupation:	Number of entries: ☐1 ☐ 2 ☐ Multiple Number of days:
*22. Employer and employer's address and telephone number. For students, name and address of educational establishment:	
23. Purpose(s) of the journey: □Tourism □ Business □ Visiting family or friends □ Cultural □ Sports □ Official visit □ Medical reasons □ Study □ Airport transit □ Other (please specify):	
24. Additional information on purpose of stay:	
25. Member State of main destination (and other Member States of destination, if applicable): 26. Member State of first entry:	
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 a Schengen visa: □ No □ Yes. Date, if known Number of the visa, if known	
29. Entry permit for the final country of destination, where applicable: Issued by Valid from until	
*30. 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 and email address of inviting Telephone No: person(s)/hotel(s)/temporary accommodation(s):	
*31. Name and address of inviting company/organisation:	
Surname, first name, address, telephone No, and email address of contact person in company/organisation:	

*32. Cost of travelling and living duccovered:	ring the applicant's stay is	
□by the applicant Means of support:	□by a sponsor (host, company, organisation), please specify:	
□ Cash	□referred to in field 30 or 31	
□ Traveller's cheques□ Credit card	□other (please specify):	
☐ Pre-paid accommodation	Means of support:	
☐ Pre-paid transport	□ Cash	
☐ Other (please specify):	☐ Accommodation provided	
	☐ All expenses covered during the stay	
	☐ Pre-paid transport	
	☐ Other (please specify):	
33. Surname and first name of the perform, if different from the applications of the performance of the perf		
Address and email address of the person filling in the application form	Telephone No:	
I am aware that the visa fee is not re	funded if the visa is refused.	
Applicable in case a multiple-entry	visa is issued:	
I am aware of the need to have adeq subsequent visits to the territory of N		y first stay and any
I am aware of and consent to the fol application form and the taking of m fingerprints, are mandatory for the e concerning me which appear on the photograph will be supplied to the re those authorities, for the purposes of Such data as well as data concerning whether to annul, revoke or extend a	by photograph and, if applicable, the examination of the application; and application form, as well as my fingle elevant authorities of the Member S f a decision on my application. The decision taken on my application application are the decision taken on my application.	e taking of any personal data gerprints and my States and processed by ion or a decision
Information System (VIS) for a max accessible to the visa authorities and	timum period of five years, during	which it will be ving out checks on

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: [(...)].

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):

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