Harmonised application form

Application for Schengen Visa

This application form is free

Photo

Family members of EU, EEA or CH citizens 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.

1. Surname (Family name)

2. Surname at birth (Former family name(s))

3. First name(s) (Given name(s))

4. Date of birth (day-month-year)

5. Place of birth

6. Country of birth

7.Current nationality

Nationality at birth, if different

Other nationalities

8.Sex

☐ Male ☐ Female

9. Civil status

☐ Single ☐ Married ☐ Registered Partnership
☐ Separated ☐ Divorced ☐ Widow(er)
☐ Other (please specify): ……..

10. Parental authority (in case of minors) /legal guardian (surname, first name, address, if different from applicant's, telephone no., e-mail address, and nationality)

11. National identity number, where applicable

12. Type of travel document

☐ Ordinary passport ☐ Diplomatic passport ☐ Service passport ☐ Official passport
☐ Special passport ☐ Other travel document (please specify): ……

13. Number of travel document	14. Date of issue	15. Valid until	16. Issued by (country)

17. Personal data of the family member who is an EU, EEA or CH citizen if applicable

Surname (Family name)

First name(s) (Given name(s))

Date of birth (day month year)

Nationality

Number of travel document or ID card

18. Family relationship with an EU, EEA or CH citizen if applicable

☐ Spouse ☐ Child ☐ Grandchild ☐ Dependent ascendant
☐ Registered Partnership ☐ Other: ……

19. Applicant's home address and e-mail address

Telephone no.

20. Residence in a country other than the country of current nationality

☐ No
☐ Yes. Resident permit or equivalent …….. No …….…… Valid until……

*21. Current occupation

*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

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Date of application:

Application number:

Application lodged at:

☐ Embassy/consulate
☐ Service provider
☐ Commercial intermediary
☐ Border (Name)
……..
……..

☐ Other:

File handled by:

Supporting documents:
☐ Travel document
☐ Means of subsistence
☐ Invitation
☐ TMI
☐ Means of transport
☐ Other:

Visa decision:
☐ Refused
☐ Issued:
☐ A
☐ C
☐ LTV

☐ Valid
From
Until

Number of entries
☐ 1 ☐ 2 ☐ Multiple

Number of days:

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

25. Member State of main destination (and other Member States of destination, if applicable)	26. Member state of first entry	FOR OFFICIAL USE ONLY

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……Visa sticker number, 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 e-mail address of inviting person(s)/hotel(s) temporary accommodation(s)	Telephone no.
*31. Name and address of inviting company/organisation	Telephone no. of company/organisation

*Surname, first name, address, telephone no. and e-mail address of contact person in company/organisation

32. Cost of traveling and living during the applicant's stay is covered

☐ by the applicant himself/herself

Means of support

☐ Cash

☐ Traveler's cheques

☐ Credit card

☐ Prepaid accommodation

☐ Prepaid 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

☐ Prepaid transport

☐ Other (please specify)

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

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 State.

I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the application; and any personal data concerning me which appear on the application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on my application.

Such data as well as data concerning the decision taken on my application or a decision whether to annul, revoke or extend a visa issued will be entered into, and stored in the Visa Information System (VIS) 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: The Swedish Migration Agency, 601 70 Norrköping, Sweden, www.migrationsverket.se.

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 (The Swedish Data Inspection Board, Box 8114, 104 20 Stockholm, Sweden, www.datainspektionen.se) 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) No 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 (signature of parental authority/legal guardian, if applicable)