Photo

Application for Schengen Visa

1. Surname(s) (family name(s))	FOR EMBASSY/ CONSULATE USE ONLY		
2. Surname(s) at birth (earlier family name	Date application:		
3. First names (given names)			-
4. Date of birth (year-month-day)		5. ID-number (optional)	File handled by:
6. Place and country of birth			Supporting documents:
7. Current nationality/ies		8. Original nationality (nationality at birth)	
7. Current nationality/les		o. Original nationality (nationality at birth)	Valid passport Financial means
9. Sex	10. Marital sta	fue	Invitation
J. JEA	Single		
	Other		
	Health insurance		
11. Father's name		12. Mother's name	Other:
			_
13. Type of passport:			-
	c passport 🗌 Ser	vice passport Travel document (1951 Convention)	
		er travel document (please specify):	
		er traver document (please specify).	
		15. Issued by	_
14. Number of passport			
16. Date of issue			
To. Date of Issue			
18. If you reside in a country other than	your country of origi	h, have you permission to return to that country?	_
No Yes, (number an			То
* 19. Current occupation	Visa:		
* 20 Employer and employer's address	and telephone number	er. For students, name and address of school	Refused Granted
			Graniou
			Characteristics of Visa:
21. Main destination	22. Type of visa	23. Visa	
	Airport transit	Transit Individual Collective	LTV A
	Short stay	Long stay	В
			С
24. Number of entries requested		25. Duration of stay	D D+C
	Number of entries:		
Single entry Two entries 26. Other visas (issued during the past	1 2 Multiple		
20. Other visas (issued during the past	·		
27. In the case of transit, have you an e	Valid from		
	То		
	Valid for		
* 28. Previous stays in this or other Sch	valid for		
			1

* The questions marked with * do not have to be answered by family members of EU or EEA citizens (spouse, child or dependent ascendant). Family members of EU or EEA citizens have to present documents to prove this relationship.

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29. Purpose of travel					FOR EMBASSY/		
Tourism Business	Visit to Family or Friend	s 🗌 Cultural	/Sport	ts 🗌 Official 🗌 Medical reason	S CONSULATE USE ONLY		
Other (please specify):							
* 30. Date of arrival							
So. Date of arrival							
* 32. Border of first entry or transit rout	* 33. Means of transport			-			
			. h (
* 34. Name of host or company in the S of hotel or temporary address in the So	e						
Name			Telep	phone and telefax			
Full address	E well address						
Full address	E-mail address		@				
				C			
	* 35. Who is paying for your cost of travelling and for your costs of living during your stay?						
Myself Host person(s)	Myself Host person(s) Host company (State who and how and present corresponding documentation)						
* 36. Means of support during your sta	y						
Cash Traveller's cheque		Accommo	odatior	n 🗌 Other			
Travel and/or health insurance. Valid	until:						
					_		
37. Spouse's family name		38. Spouse's f	amily	v name at birth			
39. Spouse's first name	40. Spouse's date o	f birth		41. Spouse's place of birth			
	40. Opbuse s une o						
42. Children (Application must be submit	ted separately for each	passport)					
Name	First nam	e		Date of birth			
1							
2							
3							
43. Personal data of the EU or EEA citiz	zen you depend on. Th	nis question sho	uld b	e answered only by family members of	of		
EU or EEA citizens. Name		First Name			_		
Name		i ii St Maine					
Date of birth	Nationality			Number of passport			
Family relationship							
				of an EU or EEA citizen			
44. I am aware of and consent to the follo	wing: any personal data		which	appear on this visa application form will	he		
supplied to the relevant authorities in the	Schengen states and pr	ocessed by those	e auth	norities, if necessary, for the purposes of	a		
decision on my visa application. Such dat various Schengen states.	a may be input into, and	stored in, databa	ases a	accessible to the relevant authorities in the	10		
At my express request, the consular authoright to check the personal data concerning					/		
accordance with the national law of the st							
I declare that to the best of my knowledge I am aware that any false statements will							
may also render me liable to prosecution I undertake to leave the territory of the Sc							
I have been informed that possession of a	to						
Schengen states. The mere fact that a vis comply with the relevant provisions of Arti	icle 5.1 of the Schengen	Implementing Co	onven	tion and am thus refused entry. The	10		
prerequisites for entry will be checked aga	ain on entry into the Eur	opean territory of	the S	Schengen states.			
45. Applicant's home address				46. Telephone number	7		
		10.5		ninors, signature of custodian/guardia	<u> </u>		
47. Place and date	n)						

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