SCHENGEN VISA -Visit Family or Friends in Sweden

NAME OF APPLICANT:			DATE://
Last n	ame	First name	(dd/mm/yy)
CHECKLIST			
Please print 2 copies of this fo	orm, prepare 2 diffe r	rent sets – 1 set for original documents	and 1 set for photocopies.
		have submitted and arrange according t	
☐ Check-list/Questionnaire –			
☐ Cover Letter (RECEIPT NUMBER) — printed from the Application Portal			
☐ Schengen Visa Application	form – completely si	gned and filled out by the applicant	
		ite background no older than 6 months. Schengen Visa Application form	Please glue/paste your
☐ Original passport (ALL PAG	ES!) – valid for at lea	st 3 months after departure from Schen	gen
☐ Previous passports – (last 3	years) and past visa	s/stamps to Schengen and other countri	ies
\square Application Fee receipt			
		ployment stating position, length of ser y ID, and pay slips for the last 3 months	vice, salary and
	-	icles of Incorporation and proof of annuation Certificate and latest income Tax st	_
-	al break, submit a cer	nt from the school & school ID. If applica tification of reservation or certification of ester	
\square Letter of invitation			
☐ Form no. 241011, Invitation person	n (downloadable in	Embassy's website) - completed and sign	ned by the inviting
☐ Copy of the passport of the	person inviting - If	not a Nordic Citizen, submit a copy of re	cent residence permit
	f visiting a relative, su elationship	ubmit e.g. birth certificates or other doc	uments to prove
9	sponsor's passport. If	bmit proof of time spent together, e.g. of the parties have spent time together ou es of both parties' passports should be su	utside of Brazil (e.g.
requirement can be less if inviting person in Sweden in	he/she already paid t Note: If the inviting p	tatement. Applicant is required to have to the lodging or boarding in advance or he person will financially guarantee the storage of account for the past three months	/she will stay with the
☐ Roundtrip Airline Ticket Re	servation		
☐ Travel Medical Insurance – intended stay or transit. The		all Schengen States and cover the entire	period of the person's
	_	ed but may strengthen the application	
=	•	it may strengthen the application	
	eans/properties (if ap	oplicable) – not required but may streng	then the application
☐ Side trips (if applicable) – h IMPORTANT ADVISORY	_	•	

Submit you application and supporting documents on your appointment date. A written explanation letter should be provided if you cannot submit any or some of the required documents. Do not staple or glue any documents together. ☐ I decided not to submit my application because of lacking documents. I am willing to rebook my appointment. Note: Proceed to Application Portal and rebook your appointment. No need to pay again. ☐ I decided to submit my application even though there are lacking documents. I am also aware that there is a risk in my visa application being rejected. **QUESTIONANAIRE** NAME OF APPLICANT: Last name First name Middle Initial What is your relationship to the reference person? He or she is my: _____ *If the reference person is your friend, how long have you known him/her? How did you meet? ☐ Internet ☐ Introduced by friends/relatives ☐ Other, please specify: ______ Have you met him/her in person? \square YES \square No If YES, where and when did you spend time together? Indicate places and dates: What is your marital status? ☐ SINGLE ☐ MARRIED ☐ WIDOW(ER) ☐ SEPARATED ☐ DIVORCED ☐ WITH COHABITANT Do you have a job?

YES, since when have you been employed? Income pr. month? ______ □ NO, please write other source of income:_____Income pr. month?_____ Do you have relatives in the Schengen area?

YES, please specify: Previous Visa?

YES, when and where: Additional Information: I hereby confirm that all submitted information and supporting documents are true and correct.

Place. Date

Signature of applicant

All documents coming from Norway must be sent directly to the applicant not to the Embassy/Consulate General.