

Stamp embassy or consulate

Photo

oplication for Schengen Visa This application form is free



67	8	8	67	2	2	
1. Surname(s) (family name(s))	S	P.		S	P.	FOR EMBASSY /
The Dr	AV	A	4	AV	AV	CONSULATE USE ONLY
2. Surname(s) at birth (earlier far	nily name(s))	4	4	4	47	Date application:
3. First name(s) (given names)	LZ	EU.	LE)	[Z]	(Z)	- Rey A
	67	67	67	67	67	
4. Date of birth (year-month-day)	The second second	5. ID-n	umber (optional)	The second second	P.	File handled by:
6. Place and country of birth	A	A	A	A	A	Supporting documents:
7. Current nationality/ies	7	8. Original n	ationality (nation	nality at birth)	7	Valid passport
9. Sex Male Female		10. Marital s Single Marr	itatus ied Separated	Divorced Widov	v(er) Other	Financial means Invitation Means of transport Health insurance
11. Father's name		12. Mother's	name			Other:
13. Type of passport						1
National passport Diplomatic pas Convention) Alien's passport Se				specify)	H	A A
14. Number of passport	15. Issued by				B.	B' B
16. Date of issue	17. Valid until	45	AS	12	AF	72, 72,
18. If you reside in a country other No Yes (number and validity)	r than your cou	intry of origin,	have you permis	sion to return t	that country?	[] []
* 19. Current occupation		A A	E S		A A	Visa:
* 20. Employer and employer's a	ddress and tele	phone number	r. For students, n	ame and addre	ss of school	Granted
	A T			A TO	A W	Ob 4 Water inting of View
12	123	12	F>3	123	12	Characteristics of Visa:
21. Main destination	22. Type	of visa	4	23. Visa	4	LTV
Ay Ay	Airport tr	ansit Transit Sh	ort stay Long stay	Individual Col	ective	B C
24. Number of entries requested Single entry Two entries Multiple	10	25. [Ouration of stay	(in days)		D D+C
26. Other visas (issued during the	e past years) a	nd their period	of validity	4	57	Number of entries: 1 2 Multiple
27. In the case of transit, have yo No Yes, Valid until:	P	mit for the fina authority:	l country of desi	ination?	ET.	Valid from:
* 28. Previous stays in this or oth	ner Schengen s	tates				To:Valid for:

This document has no legal effect and cannot be basis for	r a visa application in an	y accredited Embassy o	r Consulate
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29. Purpose of travel Tourism Business Visit to family or friends Cultural/sports Official Medical reasons Other (please specify)	LEY	A
Tourism Business Visit to family of mental Suntanaports Chical Medical Casonis Chica (pictace Spesify)	Q.	Â.
* 30. Date of arrival * 31. Date of departure		
* 32. Border of first entry or transit route 33. Means of transport	47	57
* 34. Name of host or company in the Schengen states and contact person in host company. If not applicable, give name of hotel or temporary address in the Schengen states.	44	A
Name Telephone and telefax		S
Full address E-mail address		E.
* 35. Who is paying for your cost of travelling and for your costs of living during your stay? Myself Host person/s Host company	ATOMA	
* 36. Means of support during your stay. Cash Travellers' cheques Credit cards Accomodation Other: Travel and/or health insurance Valid until	57	57
37. Spouse's family name at birth	A. A	Á
39. Spouse's first name 40. Spouse's date of birth 41. Spouse's place of birth		A
42. Children (Applications must be submitted separately for each passport) Name Pirst name Date of birth	Č.	
2 3 67 67 67 67 67 67		
43. Personal data of the EU or EEA citizen you depend on. This question should be answered only by family members of EU or EEA citizens.		4
Name First Name	A.	, A
Date of birth Nationality Number of passport		
Family realationship of an EU or EEA citizen	A	A
44. I am aware of and consent to the following: any personal data concerning me which appear on this visa application form will be supplied to the relevant authorities in the Schengen states and processed by those authorities, if necessary, for the purposes of a decision on my visa application. Such data may be input into, and stored in, databases accessible to the relevant authorities in the various Schengen states. At my express request, the consular authority processing 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 altered or deleted, in particular, should they be inaccurate, in accordance with national law of the state concerned. I declare that to	MPLE	
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 the annullment of a visa already granted and may also render me liable to prosecution under the law of Schengen state which deals with this application. I undertake to leave the territory of the Schengen states upon 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 Schengen states. The mere fact that a visa has been granted to me does not mean that I		A STATE OF THE STA
will be entitled to compensation if I fail to comply with the relevant provisions of Artice 5.1 of the Schengen Implementing Convention and am thus refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Schengen states.		â
45. Applicant's home address 46. Telephone number		
47. Place and date 48. Signature (for minors, signature of custodian/guardian)	Ezy	A

^{*}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 EAA citizens have to present documents to prove this relationship.