



Photograph

Application for Schengen Visa

THIS APPLICATION FORM IS FREE

1.SURNAME				FOR OFFICIAL USE ONLY					
2.SURNAME AT BIRTH				Date of Application:					
3.FIRST NAME(S) (Given name(s))				Visa Application <input type="checkbox"/>					
4.DATE OF BIRTH (day-month-year)		5.PLACE OF BIRTH		7.CURRENT NATIONALITY		Application lodged at			
		6.COUNTRY OF BIRTH		Nationality at birth, if different.		<input type="checkbox"/> Embassy/Consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border <input type="checkbox"/> Name:			
8. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		9. MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify)				<input type="checkbox"/> Other File handled by:			
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian									
11. NATIONAL IDENTITY <input type="checkbox"/> , where applicable									
12. TYPE OF TRAVEL DOCUMENT									
<input type="checkbox"/> Ordinary Passport <input type="checkbox"/> Service Passport <input type="checkbox"/> Special Passport <input type="checkbox"/> Other travel document (please specify)				<input type="checkbox"/> Diplomatic Passport <input type="checkbox"/> Official Passport				<input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Other: Visa decision:	
13.TRAVEL DOCUMENT <input type="checkbox"/>		14.DATE OF ISSUE		15.VALID UNTIL		16.ISSUED BY			
17.APPLICANT'S HOME ADDRESS AND EMAIL ADDRESS						TELEPHONE NUMBER			
18. RESIDENCE IN A COUNTRY OTHER THAN THE COUNTRY OF CURRENT NATIONALITY									
<input type="checkbox"/> No Residence Permit or equivalent _____ <input type="checkbox"/> _____ Valid Until <input type="checkbox"/> Yes									
19.* CURRENT OCCUPATION									
<input type="checkbox"/> Refused <input type="checkbox"/> Issued <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> VTL <input type="checkbox"/> Valid From _____ Until _____ Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple Number of days:									

20.* EMPLOYER AND EMPLOYER'S ADDRESS AND TEL ■ FOR STUDENTS, NAME AND ADDRESS OF EDUCATIONAL ESTABLISHMENT	
21. MAIN PURPOSE(S) OF THE JOURNEY	
<input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Culture <input type="checkbox"/> Sports <input type="checkbox"/> Official Visit <input type="checkbox"/> Medical Reasons <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport Transit <input type="checkbox"/> Other (please specify)	
22.MEMBER STATE(S) OF DESTINATION	23. MEMBER STATE OF FIRST ENTRY
24.NUMBER OF ENTRIES REQUESTED	25. DURATION OF THE INTENDED STAY OR TRANSIT
<input type="checkbox"/> Single Entry <input type="checkbox"/> Two Entries <input type="checkbox"/> Multiple Entries	
<p>The fields marked with * shall not be filled in by family members of EU, EFA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields, ■ 34 and 35. The fields, ■ 1 to 3 shall be filled-in in accordance with the data in the travel document.</p>	
26.SCHENGEN VISAS ISSUED DURING THE PAST THREE YEARS	
<input type="checkbox"/> No <input type="checkbox"/> Yes Date(s) of validity from _____ to _____	
27.FINGERPRINTS COLLECTED PREVIOUSLY FOR THE PURPOSE OF APPLYING FOR A SCHENGEN VISA	
<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Date, if known	
28.ENTRY PERMIT FOR THE FINAL COUNTRY OF DESTINATION, WHERE APPLICABLE	
Issued by _____ valid from _____ until _____	
29.INTENDED DATE OF ARRIVAL IN THE SCHENGEN AREA	30.INTENDED DATE OF DEPARTURE FROM THE SCHENGEN AREA
31.* 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 PERSON(S) / HOTEL(S) / TEMPORARY ACCOMMODATION	TELEPHONE & TELEFAX

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32.* NAME & ADDRESS OF INVITING COMPANY ORGANISATION	TELEPHONE & TELEFAX OF COMPANY/ORGANISATION
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SURNAME, FIRST NAME, ADDRESS, TELEPHONE, TELEFAX AND EMAIL ADDRESS OF CONTACT PERSON IN COMPANY/ORGANISATION
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33.* COST OF TRAVELLING & LIVING DURING THE APPLICANT'S STAY IS COVERED	
by the applicant himself/herself MEANS OF SUPPORT	by a sponsor (host, company, organisation), please specify _____ referred to in field 31 or 32 _____ other please
<input type="checkbox"/> Cash <input type="checkbox"/> Traveller's Cheques <input type="checkbox"/> Credit Card <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)	MEANS OF SUPPORT <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other(please specify)

34.PERSONAL DATA OF THE FAMILY MEMBER WHO IS AN EU, EEA OR CH CITIZEN

SURNAME	FIRST NAME(S)
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DATE OF BIRTH	NATIONALITY	TRAVEL DOCUMENT or ID CARD <input type="checkbox"/>
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35. FAMILY RELATIONSHIP WITH AN EU, EEA OR CH CITIZEN
<input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> DEPENDENT ASCENDANT

36. PLACE & DATE	37. Signature (for minors, signature of parental authority/legal guardian)
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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 (cf. field <input type="checkbox"/> 24) I am aware of the need to have an adequate travel medical insurance for my first stay and subsequent visas to the territory of Member States. I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photography and, if applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photography will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on my visa application.
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Such data as well as data concerning the decision taken on my application or a decision whether to annual, 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 fulfill these conditions, of examining as 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 Ministry of Foreign Affairs (Central Visa Unit).

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 State concerned. The national supervisory authority of that Member State – Office of the Data Protection Commissioner [commissioner.dataprotection@gov.mt] 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 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 5(1) of Regulation (EC) n° 562/2006 (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 & DATE	SIGNATURE(for minors, signature of parental authority/legal guardian)
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