



Photo

Stamp Embassy or
Consulate

Application for Visa

This application form is free

1. Surname(s) (family name(s))			<p style="text-align: center; color: blue; font-weight: bold;">FOR EMBASSY/ CONSULATE USE ONLY</p> <p>Date application :</p> <p>File handled by :</p> <p><input type="checkbox"/> Valid passport <input type="checkbox"/> Financial means</p> <p>Valid until</p> <p><input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Health insurance <input type="checkbox"/> Other :</p> <p><input type="checkbox"/> Assumption of responsibility for hosting/hotel reservation</p> <p><input type="checkbox"/> Hepatitis B and C tests <input type="checkbox"/> 855 euro bank guarantee</p> <p><input type="checkbox"/> LTV <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> D + C</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple</p> <p>Validity of Visa: From:</p> <p>Until:</p>																				
2. Father's name																							
3. First names (given names)																							
4. Date of birth (year-month-day)		5. Place and country of birth																					
6. Current nationality/ies		7. Original nationality (nationality at birth)																					
8. Number of passport		9. Issued by																					
10. Date of issue																							
11. Current occupation		12. Employer's address and telephone number																					
13. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		14. 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																					
15. Spouse's name and surname	16. Spouse's Date / place of birth	17. Spouse's Nationality																					
18. Children																							
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 60%;">Surname</th> <th style="width: 30%;">Name</th> <th style="width: 10%;">Date of birth</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td></tr> </tbody> </table>					Surname	Name	Date of birth	1.				2.				3.				4.			
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1.																							
2.																							
3.																							
4.																							
19. Type of visa <input type="checkbox"/> Individual <input type="checkbox"/> Collective		20. Type of Visa : <input type="checkbox"/> Airport transit <input type="checkbox"/> Transit <input type="checkbox"/> Short stay <input type="checkbox"/> Long stay																					
		21. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries																					
22. Other visas (issued during the past three years) and their period of validity		23. Purpose of travel																					
24. Date of arrival		25. Date of departure																					
26. Persons for recommendation during the stay / Address and telephone																							
27. Means of support during your stay Cash Travellers' cheques Credit cards Accommodation Other: Travel and/or health insurance. Valid until:																							
28. Present address and telephone number																							
29. Place and date		30. Signature																					