Application for Schengen Visa

РНОТО



This application form is free

1. Surname (Family name) (x)					FOR OFFICIAL USE ONLY
2. Surname at birth (Former family	y name(s)) (x)				Date of application:
	Visa application number:				
3. First name(s) (Given name(s)) (x)				
					Application lodged at □ Embassy/consulate □ CAC
4. Date of birth (day-month-year)	5. Place of birth		Current natio	nality	Service provider
	6. Country of birth	n Na	tionality at b	irth, if different:	 Commercial intermediary Border
8. Sex □ Male □ Female	🗆 Sing	rital status gle 🗆 Married 🗆 Sepa ner (please specify)	arated 🗆 Divo	orced 🗆 Widow(er)	Name:
10. In the case of minors: Surname	, first name, address	s (if different from a	pplicant's) an	d nationality of	
parental authority/legal guardian					File handled by:
11. National identity number, wher	e applicable				-
• •	••				Supporting documents:
					□ Means of subsistence
12. Type of travel document	passport □ Service n	passport 🗆 Official p	assport □ Spe	cial passport	 Invitation Means of transport
D Other travel document (please sp			1 1		
13. Number of travel document 14	. Date of issue	15. Valid until	16. Issued b	y	D Other:
17. Applicant's home address and e	-mail address	Tel	ephone numb	per(s)	Visa decision:
			-p		□ Refused
					□ Issued:
18. Residence in a country other than □ No					
Yes. Residence permit or equival	ent	. No	Valid u	ntil	🗆 LTV
* 19. Current occupation					□ Valid:
	From Until				
* 20. Employer and employer's add		number. For studen	ts, name and		Onth
address of educational establishme	nt.				Number of entries:
21. Main purpose(s) of the journey	$\square 1 \square 2 \square$ Multiple				
□ Tourism□ Business□ Visiting family or friends□ Cultural□ Sports □ Official visit					Number of days:
□ Medical reasons □ Study□ Transit □ Airport tra	ınsit Other (p	please specify)			
22. Member State(s) of destination	23. Men	nber State of first en	try		
24. Number of entries requested □ Single entry□ Two entries□ entries		ation of the intended transit	stay or		
	Indicate	e number of days			

* The fields marked with * shall not be filled in by family members of EU, EEA 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 no 34 and 35.

(x) Fields 1-3 shall be filled in in accordance with the data in the travel document.

b(Saharana airea iread day	·						
26. Schengen visas issued dur □ No	ing the past three years	5					
□ IVO □ Yes. Date(s) of validity from to							
□ res. Date(s) of validity from to							
27.Fingerprints collected pre-	viously for the purpose	of applyi	ng for a Scheng	en vis	Sa		
			8 8				
	Date, if known						
28. Entry permit for the final							
Issued by		•••••	un	til			
•••••							
29. Intended date of arrival in	n the Schengen area	3	0. Intended date	e of d	eparture from the Schengen		
	i die Senengen died	Ĩ	area				
* 31. Surname and first name). If r	ot applicable, name of		
hotel(s) or temporary accomm	nodation(s) in the Mem	ber State	e(s)				
Address and e-mail address o	f inviting person(s)/hot	el(s)/tem	norary accomm	odati	on(s)		
	i miting person(s)/not		porary accomm	Juan	01(3)		
*32. Name and address of inv	iting company/organisa	ation			Telephone and telefax		
					of company/ organisation		
Sumama first name address	tolophono tolofor on	l a mail (dduoog of conto	at no			
Surname, first name, address in company/organisation	, telephone, telefax, and	i e-man a	address of conta	ct pe	rson		
in company/organisation							
*33. Cost of travelling and liv	ing during the applican	nt's stay i	s covered				
							1
by the applicant himself/he	rself			mpar	ıy, organisation),		
		please s			22		
Moong of support			eferred to in fie		or 32		
Means of support □ Cash			other (please spe	city)			
□ Traveller's cheques		Means c	of support				
Credit card			i support				
Pre-paid accommodation		Accon	nmodation prov	ided			
□ Pre-paid transport □ All expenses covered during the second dur			g the stay				
Other (please specify) Pre-paid transport							
		Other	(please specify)				
			CH W				
34. Personal data of the famil	ly member who is an EU	U, EEA O	r CH citizen				
Surname					First name(s)		
Surnance					Thist name(s)		
Date of birth	Nationality			Num	ber of travel document		
) card		
						1	

35. Family relationship with an EU, EEA or CH citi □ spouse□ child□ grandchild	
36. Place and date	37. Signature (for minors, signature of parental authority/legal guardian)

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 no 24): I am aware of the need to have an adequate travel medical insurance for my first stay and any subsequent visits to the territory of Member States.

INFORMATION ON THE PROCESSING OF PERSONAL DATA

The collection of the data required by this application form, the taking of your photograph and, if applicable, the taking of your fingerprints, are mandatory for the examination of the visa application; and any personal data concerning you which appear on the visa application form, as well as your fingerprints and your photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on your visa application.

Such data as well as data concerning the decision taken on your application or a decision whether to annul, 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 fulfil these conditions, of examining an 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 (for Italy: the Ministry of Interior and the Police authority) and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The Ministry of Foreign Affairs and International Cooperation (Piazzale della Farnesina 1, 00135 Roma, www.esteri.it, dgit6@esteri.it) is the Italian authority responsible (controller) for processing the data.

You have the right to obtain in any of the Member States communication of the data relating to you recorded in the VIS and of the Member State which transmitted the data, and to request that the data relating to you which are inaccurate be corrected, and that the data relating to you processed unlawfully be deleted. For information on the exercise of your right to check your personal data and have them corrected or deleted, as well as on legal remedies according to the national law of the State concerned, see www.esteri.it and www.vistoperitalia.esteri.it.

Further information will be provided upon request by the authority examining your application. The Italian national supervisory competent authority on the protection of personal data is the Italian Authority for Data Protection (Piazza di Montecitorio 121, 00186 Roma, www.garanteprivacy.it; tel.: +3906 696771).

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 involve my application being rejected or to the annulment of a visa already granted and may result in prosecution under the law of the Member State that process the application.

I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I am aware that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere granting of a visa does not entitle me to compensation if I fail to fulfil the conditions of Article 5, paragraph 1, of the Council Regulation n. 562/2006 (Schengen Borders Code) and I am thus refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.

Place and date	Signature (for minors, signature of parental authority/legal guardian):
----------------	--