



Photo

## Harmonised application form

APPLICATION FOR SCHENGEN VISA This application form is free

 $Family\ members\ of\ EU, EEA\ or\ CH\ citizens\ or\ of\ UK\ nationals\ who\ are\ beneficiaries\ of\ the\ EU-UK\ Withdrawal\ Agreement\ shall\ not\ fill\ in\ fields\ No\ 21,22,31,32\ and\ 33$  $\mbox{(marked with $\stackrel{*}{*}$)}.$  Fields 1–3 shall be filled in in accordance with the data in the travel document.

1.	Surname (Family name):					FOR OFFICIAL USE ONLY		
2.	Surname at birth (Former family name(s)):					Date of application:		
3.	First name(s) (Given name(s)):						on number:	
4.	4. Date of birth (day- month-year): 5. Place of birth: 6. Current nationality:					Аррпсац	on number:	
4.	bate of bitti (day- month-year).	7. Country of bir		at birth, if different:		Applicati	on lodged at: Embassy/consulate	
		,, com,,	Other nation				Service provider Commercial intermediary	
8. 	Sex:  Male Female Other Parental authority (in case of r	Widow(er) ☐ Other (please :			. telephone	Border (Name):  Other:		
	<ol> <li>Parental authority (in case of minors)/legal guardian (surname, first name, address, if different from applicant's, telephon No, email address, and nationality):</li> <li>National identity number, where applicable:</li> </ol>							
						l · · · _	ng documents:	
12.	Type of travel document:						Travel document	
Ordinary passport □ diplomatic passport □ Service passport □ Official passport □ Special passport							Means of subsistence	
	er travel document (please specify):		4.E. Malta	46 1 1	/		Invitation TMI	
13.	Number of travel document:	14. Date of issue:	15. Valid until:	16. Issued by	(country):		Means of trans-port Other:	
17. Personal data of the family member who is an EU, EEA or CH citizen or a UK national who is abeneficiary of the EU-U Withdrawal Agreement, if applicable					fthe EU-UK	Visa decisi	ion: Refused Issued:	
Surname (Family name): First name(s) (Given name(s)):				Α				
	f birth (day- month-year):  Nationality:  Number of travel document or card:				C LTV Valid:			
	18. Family relationship with an EU, EEA or CH citizen or a UK national who is a beneficiary of the EU-UK Withdrawal Agreement, applicable: use						From:	
ŭ	partnership 🗆 other:						Until:	
19. Applicant's home address and email address:  Telephone no.:						Number	of entries:	
20.	Residence in a country other than	the country of current natio	nality:	<u> </u>			2	
□ No							Multiple	
	Yes. Residence permit or equivalent					Number of days:		
21.	* Current occupation:							

22. * Employer and employe	r's address and telephone number. F	or students, name and address of educational establishment:						
22 Downson(s) of the income								
	23. Purpose(s) of the journey:							
	rism 🗆 Business 🗆 Visiting family or friends 🗀 Cultural 🗆 Sports 🗀 Official visit 🗀 Medical reasons 📑 tudy 🗀 Airport transit 🗀 Other (please							
specify):	24. Additional information on purpose of stay:							
24. Additional information								
25. Member State of main destination (and other Member 26. Member State of first entry:								
States of destination, if	•	20. Weinser state of hist chary.						
5.2.55 5. 2.5.1								
27 Number of outside years	anta di							
	27. Number of entries requested:  Single entry □ Two entries □ Multiple entries							
Single entry □ Two entr	les 🗆 Multiple entries							
28. Intended date of arrival	of the first intended stay in the Scher	ngen area:						
	e Schengen area after the first intende							
•	•	•						
29. Fingerprints collected p	reviously for the purpose of applying	for a Schengen visa:						
□ No □Yes.								
Date, if known	Number of the visa, if kn	own						
20 Entry normit for the fin	al country of destination, where app	licable						
	. Valid from where app							
135ueu by	. valid il Olii	ultil						
31. *Surname and first na	me of the inviting person(s) in the	Member State(s). If not applicable, name of hotel(s) or temporary						
accommodation(s) in								
32. Address and email addr	ess of inviting person(s)/ Telephone I	No:						
hotel(s)/temporary a								
*Name and address of inviting com	pany/organization:							
	ephone No, and email Telephone	e No of company/organisation:						
address of contact person in com	pany/ organisation:							
33. *Cost of travelling and	iving during the applicant's stay is co	overed:						
oot of unitering unit	g uug u.e uppu ou, is ee							
☐ by the applicant Mea	ns of support:	by a sponsor (host, company, organisa-tion), please specify:						
☐ Cash		referred to in field 30 or 31						
	_							
☐ Traveler's cheques		other (please specify):						
☐ Credit card	Means of s	• •						
☐ Pre-paid accommodation	1 📗	Cash						
☐ Pre-paid transport		Accommodation provided						
Other (please specify):		All expenses covered during the stay						
Other (please specify).		Pre-paid transport						
	_							
		Other (please specify):						
34. Surname and first nar	ne of the person filling in the app	plication form, if different from the applicant:						
Address and email address of the person filling in the Telephone No:								
application form:								

I am aware that the visa fee is not refunded if the visa is refused.	I am aware that the visa fee is not refunded if the visa is refused.						
Applicable in case a multiple-entry visa is issued: I am aware of the need to have adequate travel medical insurance for my first stay and any subsequent visits to the territory of Member States.							
mandatory for the examination of the application; and any personal data concerning measupplied to the relevant authorities of the Member States and processed by those authorities. Such data as well as data concerning the decision taken on my application or a decision Information System (VIS) for a maximum period of five years, during which it will be access external borders and within the Member States, immigration and asylum authorities in the stay and residence on the territory of the Member States are fulfilled, of identifying perso and of determining responsibility for such examination. Under certain conditions the data of purpose of the prevention, detection and investigation of terrorist offences and of other ser	tion form and the taking of my photograph and, if applicable, the taking of fingerprints, are which appear on the application form, as well as my fingerprints and my photograph will be, for the purposes of a decision on my application. whether to annul, revoke or extend a visa issued will be entered into and stored in the Visa sible to the visa authorities and the authorities competent for carrying out checks on visas at a Member States for the purposes of verifying whether the conditions for the legal entry into, ms who do not or who no longer fulfil these conditions, of examining an asylumapplication will be also available to designated authorities of the Member States and to Europol for the ious criminal offences. The authority of the Member State responsible (controller) for edella Famesina 1,00135 – Roma, website: www.esteri.it – e-mail: dgit6@esteri.it).						
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 Member State concerned. The Italian national supervisory authority competent for the protection of personal data is the Guarantor for the Protection of Personal Data (Piazza di Montecitorio 121, 00186 Roma, www.garanteprivacy.it, tel. +3906 696771) which 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 the 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 6(1) of Regulation (EU) 2016/399 (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 and date:	Signature of applicant: (Signature of parental authority/legal guardian, if applicable):'.						