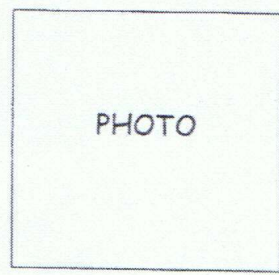


APPLICATION FOR SCHENGEN VISA
THIS APPLICATION FORM IS FREE



1. Surname (Family name) (*)			FOR OFFICIAL USE ONLY		
2. Surname at birth (Former family name(s)) (x)			Date of application:		
3. First name(s) (Given name(s)) (x)			Visa application number:		
4. Date of birth (day-month-year)	5. Place of birth	7. Current nationality	Application lodged at Embassy/consulate CAC Service provider Commercial intermediary Border		
	6. Country of birth	Nationality at birth, if different:			
8. Sex Male Female	9. Marital status Single Married Separated Divorced Widow(er) Other (please specify)				
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian			Name: Other		
11. National identity number, where applicable			File handled by:		
12. Type of travel document Ordinary passport Diplomatic passport Service passport Official passport Special passport Other travel document (please specify)			Supporting documents: Travel document Means of subsistence Invitation Means of transport TMI Other:		
13. Number of travel document	14. Date of issue	15. Valid until	16. Issued by		
17. Applicant's home address and e-mail address		Telephone number(s)			
18. Residence in a country other than the country of current nationality No Yes. Residence permit or equivalent No Valid until			Visa decision: Refused		
19. Current occupation			Issued: A C LTV		
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.			Valid: From Until		
21. Main purpose(s) of the journey: Tourism Business Visiting family or friends Cultural Sports Official visit Medical reasons Study Transit Airport transit Other (please specify)					
22. Member State(s) of destination		23. Member State of first entry		Number of entries: 1 2 Multiple	
			Number of days:		

24. Number of entries requested Single entry... Two entries ... Multiple entries		25. Duration of the intended stay or transit Indicate number of days	
26. Schengen visas issued during the past three years No Yes. Date(s) of validity from to			
27. Fingerprints collected previously for the purpose of applying for a Schengen visa No 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 e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s)		Telephone and telefax	
*32. Name and address of inviting company/organisation		Telephone and telefax of company/organisation	
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation			
*33. Cost of travelling and living during the applicant's stay is covered			
by the applicant himself/herself		by a sponsor (host, company, organisation), please specify	
Means of support Cash Traveller's cheques Credit card Pre-paid accommodation Pre-paid transport Other (please specify)	 referred to in field 31 or 32 other (please specify) Means of support Cash Accommodation provided All expenses covered during the stay Pre-paid transport Other (please specify)	
34. Personal data of the family member who is an EU, EEA or CH citizen			
Surname		First name(s)	
Date of birth	Nationality	Number of travel document or ID card	
35. Family relationship with an EU, EEA or CH citizen spouse child grandchild dependent ascendant			
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.

I am aware 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 the 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 photograph, where applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and any personal data appearing on the visa application form, as well as my fingerprints and my photograph will be supplied to the authorities of the Member States and processed by those authorities, for the purposes of a decision on my visa application.

I am aware that the data as well as data concerning the decision taken on my application or a decision whether to annul, revoke or extend a visa entered into, and stored in the Visa Information System (VIS)² for a maximum period of five years, during which it is accessible to the visa authorities and the authorities competent for carrying out checks on visas at external borders and within Member States, immigration and asylum authorities in the Member States for the purposes of verifying whether the conditions for entry into, stay and residence on the territory of the Member States are fulfilled, of identifying persons who do not or do not fulfil these conditions, of examining an asylum application and of determining responsibility for such examination. Under these conditions the data will be also available to designated authorities of the Member States and to Europol for the purposes of prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority responsible for processing the data is: *Ministry of Citizen Protection, Greek Police, International Police Cooperation Division SIRENE, Kanellopoulou 4, GR- 101 77 Athens, Tel.: +30.210.6977000, Fax: +30.210.6929764, Email: info@sirene-gr.com*. 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 of the Member State which transmitted the data, and to request that data relating to me which are inaccurate be corrected and data relating to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me in a manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, and to request related remedies according to the national law of the State concerned. *The national supervisory authority of that Member State, the Hellenic Data Protection Authority, Kifisias str 1-3, 1st floor, GR - 115 23 Athens, Tel.: +30 210.6475600, Fax: +30.210.6475601; contact@dpa.gr* will hear claims concerning the protection of personal data.

I am aware that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that a refusal of my application will lead to my application being rejected or to the annulment of a visa already granted and may also render me inadmissible for entry into the territory of the Member States and may result in my exclusion under the law of the Member State which deals with the application.

I understand that I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I have been informed that the 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) No 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.

Date

Signature

(for minors, signature of parental authority/legal guardian):