DOCUMENT PREPARATION SERVICE - SCHENGEN

APPLICANT INFORMATION

SURNAME

SURNAME AT BIRTH Former family name

FIRST NAME(S)

DATE OF BIRTH

PLACE OF BIRTH

COUNTRY OF BIRTH

CURRENT NATIONALITY

GENDER ◯ Male ◯ Female

MARITAL STATUS ◯ Single ◯ Married ◯ Divorced ◯ Separated ◯ Widowed

APPLICANTS UNDER 18 YEARS OF AGE? If yes please complete this section* If not, skip to next section

NUMBER OF GUARDIANS ◯ One ◯ Two

FIRST GUARDIAN'S FULL NAME

SECOND GUARDIAN'S FULL NAME

ADDRESS

CITY

POSTCODE

COUNTRY

TELEPHONE

NATIONALITY OF GUARDIAN

APPLICANT ID NUMBER

IS THE APPLICANT'S SPOUSE OR FAMILY MEMBER OF EU, EEA, OR A SWISS CITIZEN? ◯ Yes ◯ No

TRAVEL DOCUMENT INFORMATION

TYPE OF TRAVEL DOCUMENT ◯ Ordinary passport ◯ Diplomatic passport ◯ Service passport ◯ Special passport ◯ Other

TRAVEL DOCUMENT NUMBER

DATE OF ISSUE

DATE OF EXPIRY

ISSUING AUTHORITY/ISSUED BY

CONTACT INFORMATION

APPLICANT'S ADDRESS

CITY

POSTCODE

COUNTRY

TELEPHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

COUNTRY OF RESIDENCE DIFFERENT TO NATIONALITY? ◯ No ◯ Yes

IF YES, PROVIDE RESIDENCE PERMIT NUMBER

RESIDENCE PERMIT EXPIRY DATE

OCCUPATION

CURRENT OCCUPATION

EMPLOYER'S NAME

NAME OF EDUCATIONAL ESTABLISHMENT

ADDRESS OF EMPLOYEUR OR EDUCATIONAL ESTABLISHEMENT

CITY

POSTCODE

COUNTRY

TELEPHONE NUMBER

TRAVEL DOCUMENT INFORMATION

PURPOSE OF TRAVEL

- ◯ Business
- ◯ Tourism
- ◯ Airport transit
- ◯ Cultural event
- ◯ Medical reasons
- ◯ Official visit
- ◯ Sporting event
- ◯ Study
- ◯ Transit
- ◯ Visit to family or friends
- ◯ Other
- ◯ Work related conference/training/seminar

COUNTRY(IES) OF DESTINATION

SCHENGEN STATE OF FIRST ENTRY

NUMBER OF ENTRIES

◯ Multiple ◯ Double ◯ Single

DURATION OF INTENDED STAY

WAS A SCHENGEN VISA ISSUED IN THE LAST 3 YEARS

◯ No ◯ Yes

IF YES, DATE OF ISSUE

DATE OF EXPIRY

WERE SCHENGEN FINGERPRINTS TAKEN PREVIOUSLY

◯ No ◯ Yes

IF YES, DATE FINGERPRINTS WERE TAKEN (IF KNOWN)

INTENDED DATES OF ARRIVAL IN THE SCHENGEN AREA

INTENDED DATE OF DEPARTURE FROM THE SCHENGEN AREA

TYPE OF INVITING PARTY *please complete appropriate section below based on your answer

◯ No invite ◯ Private invitation ◯ Company Invitation ◯ Hotel/Temporary accommodation

IF YOU SELECTED COMPANY INVITATION COMPLETE THIS SECTION

NAME OF INVITING COMPANY OR ORGANISATION

ADDRESS

CITY

POSTCODE

COUNTRY

TELEPHONE

FAX

SURNAME OF INVITING CONTACT

FIRST NAME OF INVITING CONTACT

ADDRESS

CITY

POSTCODE

COUNTRY

TELEPHONE

FAX

EMAIL ADDRESS

IF YOU SELECTED HOTEL/TEMPORARY ACCOMMODATION COMPLETE THIS SECTION

NAME OF THE HOTEL OR TEMPORARY ACCOMMODATION

ADDRESS

CITY

POSTCODE

COUNTRY

TELEPHONE

FAX

EMAIL ADDRESS

IF YOU SELECTED PRIVATE INVITATION COMPLETE THIS SECTION

SURNAME OF THE INVITING PERSON

FIRST NAME OF THE INVITING PERSON

ADDRESS

CITY

POSTCODE

COUNTRY

TELEPHONE

FAX

EMAIL ADDRESS

TRAVEL COST

TRAVELLING AND LIVING COST WILL BE COVERED BY?

◯ Myself ◯ Sponsor

IF COST IS NOT COVERED BY YOURSELF OR BY A SPONSOR, PLEASE STATE WHO

MEANS OF SUPPORT

◯ Credit card ◯ Cash ◯ Prepaid accommodation ◯ Prepaid transport ◯ Traveller's cheque ◯ Other

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

SURNAME

FIRST NAME

DATE OF BIRTH

CURRENT NATIONALITY

NUMBER OF PASSPORT OR PERSONAL ID

APPLICANT'S RELATIONSHIP FOR THE EU, EEA OR CH CITIZEN

APPLICANT IS AWARE OF THE NEED TO HAVE AN ADEQUATE TRAVEL MEDICAL INSURANCE FOR THE FIRST AND ANY SUBSEQUENT VISITS TO THE SCHENGEN AREA

◯ Yes ◯ No

DECLARATION

I have read and understand the information provided to me at the beginning of the application. I am aware of the conditions that will apply to my visa and that I am required to abide by them.

SIGNATURE

DATE