



# 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 Withdrawal Agreement beneficiaries shall not fill in fields no.21, 22, 30, 31 and 32 (marked with\*).

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

1. Surname (Family name)				<b>FOR OFFICIAL USE ONLY</b>					
2. Surname at birth (Former family name(s))									
3. First name(s) (Given name(s))									
4. Date of birth (day-month-year)		5. Place of birth		7. Current nationality		Date of application:  Application number:  Application lodged at:  <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border (Name) ..... .....			
		6. Country of birth		Nationality at birth, if different					
				Other nationalities					
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		9. Civil status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Registered Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify):				Date of application:  Application number:  Application lodged at:  <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border (Name) ..... .....			
10. Parental authority (in case of minors) /legal guardian (surname, first name, address, if different from applicant's, telephone no., e-mail address, and nationality)								<input type="checkbox"/> Other:  ..... .....	
11. National identity number, where applicable									
12. Type of travel document <input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify):						File handled by:    Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> TMI <input type="checkbox"/> Means of transport <input type="checkbox"/> Other:			
13. Number of travel document		14. Date of issue		15. Valid until				16. Issued by (country)	
17. Personal data of the family member who is an EU, EEA or CH citizen or an UK national who is a Withdrawal Agreement beneficiary, if applicable Surname (Family name) _____ First name(s) (Given name(s)) _____									
Date of birth (day-month-year)		Nationality		Number of travel document or ID card					
18. Family relationship with an EU, EEA or CH citizen or an UK national who is a Withdrawal Agreement beneficiary, if applicable <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Dependent ascendant <input type="checkbox"/> Registered Partnership <input type="checkbox"/> Other (please specify):						Visa decision: <input type="checkbox"/> Refused <input type="checkbox"/> Issued: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LTV  <input type="checkbox"/> Valid			
19. Applicant's home address and e-mail address				Telephone no.					
20. Residence in a country other than the country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes Resident permit or equivalent _____ No _____ Valid until _____									
* 21. Current occupation						From  Until			
* 22. Employer and employer's address and telephone number. For students, name and address of educational establishment.									
23. Purpose(s) of the journey <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reasons <input type="checkbox"/> Study <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify):						Number of entries <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple  Number of days:			

