

## Application for Schengen Visa This application form is free

РНОТО

1. Surname (Family name)(x)	FOR OFFICIAL USE ONLY			
2. Surname at birth (Former family nan	Date of application:			
3. First name(s) (Given name(s)) (x)	Visa application number:			
4. Date of birth (day-month-year)  8. Sex  Male Female  10. In the case of minors: Surname, first authority/legal guardian	6. Country of birth  Nationality at birth, if different:  9. Marital status  □ Single □ Married □ Separated □ Divorced □ Widow(er) □ Other (please specify)  urname, first name, address (if different from applicant's) and nationality of parental			Application lodged at  Embassy/consulate  CAC Service provider Commercial intermediary Border  Name:
11. National identity number, where app	File handled by:  Supporting documents:  Travel document			
12. Type of travel document  ☐ Ordinary passport ☐ Diplomatic ☐ Other travel document (please sp  13. Number of travel document				
17. Applicant's home address and e-mai	Visa decision:  Refused Issued: A			
18. Residence in a country other than the country of current nationality  No Yes Residence permit or equivalent  No. Valid until.				□ C □ LTV □ Valid:
* 19. Current occupation  * 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.				From
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)				Number of days:

22. Member State(s) of destination		23. Member State of first entry	
24 Number of entries requested		25 Dynation of the intended stay on transit	_
24. Number of entries requested		25. Duration of the intended stay or transit Indicate number of days	
☐ Single entry ☐ Two entries	☐ Multiple entries	·	
		nbers of EU, EEA or CH citizens (spouse, child or CH citizens shall present documents to prove this	
(x) Fields 1-3 shall be filled in in accordan	ice with the data in th	e travel document.	
26. Schengen visas issued during the past	t three years		
□ No			
☐ Yes ☐ Date(s) of validity from		to	
27. Fingerprints collected previously for t	the purpose of applyi	ng for a Schengen visa	
□ No	☐ Yes		
		f known	
28. Entry permit for the final country of d	lestination, where an	blicable	
		until	
29. Intended date of arrival in the Scheng		Intended date of departure from the Schengen area	
23. Intended date of arrival in the scheng	en area 30.	intended date of departure from the Schengen area	
* 31. Surname and first name of the inviti or temporary accommodation(s) in t		Iember State(s). If not applicable, name of hotel(s)	
Address and e-mail address of inviting pe accommodation(s)	rson(s)/hotel(s)/temp	orary Telephone and telefax	
decommodation(s)			
* 32. Name and address of inviting company/organisation		Telephone and telefax of company/organisation	
Surname, first name, address, telephone, t	telefax, and e-mail ad	dress of contact person in company/organisation	
	,	1 1 5 5	
* 33. Cost of travelling and living during	the applicant's stay i	s covered	
☐ by the applicant himself/herself	☐ by a sponsor	(host, company, organisation), please specify	
Means of support	☐ referred to in	n field 31 or 32	
☐ Cash		specify)	
☐ Traveller's cheques			
☐ Credit card	Means of suppor	t	
_	☐ Cash		
☐ Prepaid accommodation	☐ Accommoda	tion provided	
☐ Prepaid transport	☐ All expenses	covered during the stay	
☐ Other (please specify)	☐ Prepaid trans	sport	
	Other (please specify)		

34. Personal data of the fami	ly member who is an EU, EEA o	r 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 refus	sed.				
Applicable in case a multiple	e-entry visa is applied for (cf. fie	ld No 24):				
I am aware of the need to ha	ve an adequate travel medical in	surance for my first stay and any subsequent visits t	o the territory of 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 and, if applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on my visa application.  Such data as well as data concerning the decision taken on my 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) (1) 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 valiable to designated authorities of the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Member State responsible for processing the data: Ministry of Foreign Affairs, Loretánské námésti 5, CZ-118 00 Praha 1; Directorate of Alien Police, Olsanská 2, P.O. BOX 78, CZ-130 51 Praha 3 and Ministry of Foreign Affairs, Loretánské námésti 5, CZ-170 at Praha 7.  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 reques						
Place and date		Signature (for minors, signature of parental authority/le	egal guardian):			