



Photo

Stamp Embassy or
Consulate

Application for Visa

This application form is free

1. Surname(s) (family name(s))			FOR EMBASSY/ CONSULATE USE ONLY Date application : File handled by : <input type="checkbox"/> Valid passport <input type="checkbox"/> Financial means Valid until <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Health insurance <input type="checkbox"/> Other :														
2. Father's name																	
3. First names (given names)																	
4. Date of birth (year-month-day)		5. Place and country of birth															
6. Current nationality/ies		7. Original nationality (nationality at birth)															
8. Number of passport		9. Issued by															
		10. Date of issue															
11. Current occupation		12. Employer's address and telephone number															
13. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		14. Marital status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other															
15. Spouse's name and surname	16. Spouse's Date / place of birth	17. Spouse's Nationality															
18. Children																	
<table border="1"> <thead> <tr> <th>Surname</th> <th>Name</th> <th>Date of birth</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> </tbody> </table>			Surname	Name	Date of birth	1.			2.			3.			4.		
Surname	Name	Date of birth															
1.																	
2.																	
3.																	
4.																	
19. Type of visa <input type="checkbox"/> Individual <input type="checkbox"/> Collective		20. Type of Visa : <input type="checkbox"/> Airport transit <input type="checkbox"/> Transit <input type="checkbox"/> Short stay <input type="checkbox"/> Long stay															
		21. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries															
22. Other visas (issued during the past three years) and their period of validity		23. Purpose of travel <input type="checkbox"/> LTV <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> D + C <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple															
24. Date of arrival		25. Date of departure															
26. Persons for recommendation during the stay / Address and telephone																	
27. Means of support during your stay Cash Travellers' cheques Credit cards Accommodation Other: Travel and/or health insurance. Valid until:																	
28. Present address and telephone number																	
29. Place and date		30. Signature															