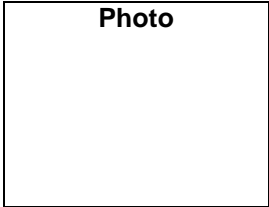




Application for Schengen Visa

This application form is free



1. Surname (Family name) (x)				For official use only Date of application: Visa application number: Application lodged at <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border Name: <input type="checkbox"/> Other: File handled by: Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Other: 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 From..... Until Number of entries <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple Number of days:			
2. Surname at birth (Former family name(s)) (x)							
3. First name(s) (Given name(s)) (x)							
4. Date of birth (day-month-year)		5. Place of birth				7. Current nationality	
		6. Country of birth				Nationality at birth, if different	
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		9. 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 (please specify)					
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian							
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"/> <input type="checkbox"/> Other (please specify)							
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 that country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes. Resident permit or equivalent No Valid until							
* 19. Current occupation							
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.							
21. Main 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"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify)							
22. Member State(s) of destination			23. Member state of first entry				
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries			25. Duration of the intended stay or transit Indicate number of days				
26. Schengen visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from to.....							
27. Fingerprints collected previously for the purpose of applying for a Schengen Visa <input type="checkbox"/> No <input type="checkbox"/> Yes. Date if known.....							

The field marked with * shall not be filled in by family members of EU,EEA or CH citizens (spous, child or dependent ascendant) while exercising their right to free movement. Family members of EU,EEA or CH citizens shall present documents to prove this relationship and fill in fields No 34 and 35.

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

28. Entry permit for the final country of destination, where applicable Issued by Valid from Until.....		For official use only	
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 traveling and living during the applicant's stay is covered <input type="checkbox"/> by the applicant himself/herself <input type="checkbox"/> by the sponsor (host, company, organisation), please specify <input type="checkbox"/> referred to in field 31 or 32 <input type="checkbox"/> other (please specify) Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Traveler's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify) Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Prepaid transport <input type="checkbox"/> 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 <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> 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.

Applicable 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 Member State.

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 purpose 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 fulfill these conditions, of examining an asylum application and of determining responsibility for such examination. Under certain conditions the data will be also available 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 is: The Swedish Migration Board, 601 70 Norrköping, Sweden, www.migrationsverket.se.

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 request that the data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to national law of the State concerned. The national supervisory authority of that Member State (The Swedish Data Inspection Board, Box 8114, 104 20 Stockholm, Sweden, www.datainspektionen.se) will hear claims concerning the protection of personal data.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Member State which deals with the application.

I undertake to leave the territory of the Member State before the expiry of the visa, if granted. I have been informed that 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 European territory of the Member States.

Place and date	Signature (for minors, signature of parental authority/legal guardian)
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⁽¹⁾ In so far the VIS is operational.



Family appendix for applicants – Appendix D

1 Your personal particulars

Surname, given name	Date of birth
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2 Personal particulars of your children

Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried <input type="checkbox"/>	No. of children



2 0 1 0 3 2

3 Personal particulars of your parents

Your father's surname, given name	Date of birth	Citizenship
Your mother's surname, given name	Date of birth	Citizenship
Your parent's home address		
Present temporary address, if any		
Are your parents living together? <input type="checkbox"/> Yes <input type="checkbox"/> No		

4 Personal particulars of brothers/sisters

Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to -----	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to -----	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to -----	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to -----	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to -----	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to -----	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to -----	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to -----	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to -----	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to -----	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to -----	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to -----	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to -----	Unmarried <input type="checkbox"/>	No. of children



Family appendix for applicants – Appendix D

1 Your personal particulars

Surname, given name	Date of birth
---------------------	---------------

2 Personal particulars of your children

Surname, given name	Sex	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/> M <input type="checkbox"/> F	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/> M <input type="checkbox"/> F	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/> M <input type="checkbox"/> F	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/> M <input type="checkbox"/> F	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/> M <input type="checkbox"/> F	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/> M <input type="checkbox"/> F	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/> M <input type="checkbox"/> F	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/> M <input type="checkbox"/> F	Unmarried <input type="checkbox"/>	No. of children

Instructions on how to fill in this form

Så fyller du i den här blanketten

1 Your personal particulars

Enter your name and date of birth.

1 Dina personuppgifter

Här ska du fylla i ditt namn och din födelsetid.

2 Your children's particulars

Remember to enter the personal particulars of each of your children. If you have more than 10 children, you can enter their particulars on a separate sheet of paper

and include it with your application. Or you can ask for an extra Family Appendix form. These forms are available at the Swedish embassy/consulate and on the Migration Board's web site www.migrationsverket.se.

2 Dina barns personuppgifter

Här fyller du i personuppgifter för alla dina barn. Har du fler än 10 barn kan du skriva deras personuppgifter på ett löst papper som du bifogar ansökan. Du kan också be att få en extra familjebilaga. Den finns på ambassaden/konsulatet och på Migrationsverkets webbplats, www.migrationsverket.se.



3 Personal particulars of your parents

Your father's surname, given name	Date of birth	Citizenship
Your mother's surname, given name	Date of birth	Citizenship
Your parent's home address		
Present temporary address, if any		
Are your parents living together? <input type="checkbox"/> Yes <input type="checkbox"/> No		

4 Personal particulars of brothers/sisters

Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children

3 Your parents' particulars

Enter full particulars.

3 Dina föräldrars personuppgifter

Här ska du fylla i samtliga uppgifter.

4 Particulars of brothers/sisters (siblings)

Remember to enter the personal particulars of each sibling. If you have more than 11 siblings you can enter their particulars on a separate sheet of paper and include it with your application. Or you can ask for an extra Family Appendix form. These forms are available at the Swedish embassy/consulate and on the Migration Board's web site www.migrationsverket.se.

4 Dina syskons personuppgifter

Här fyller du i personuppgifter för alla dina syskon. Om du har fler än 11 syskon kan du skriva deras personuppgifter på ett löst papper som du bifogar ansökan. Du kan också be att få en extra familjebilaga. Den finns på ambassaden/konsulatet och på Migrationsverkets webbplats, www.migrationsverket.se.



Referee's Appendix – Appendix E Visits to friends/relatives

(Appendix to Application for entry visa)

Your personal particulars

Surname	Date of birth (year, mth, day, ID digits)
Given names (in full)	Tel. (private)
Address (street & no., post code & district/town)	Tel. (daytime)

Details of employment, etc. (Only applies to referees guaranteeing the invited person's journey and/or uptake)

Profession/Occupation	Employer
Employed since	Annual income
	Other means of support (e.g. pension, maintenance, etc)

Personal particulars of the person you have invited

Surname	Date of birth (year, mth, day, ID digits - if any)	
Given names (in full)	Citizenship	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widow/Widower		
Profession/Occupation	Employer	
Employed since	Other means of support (e.g. pension, maintenance, etc)	

Details of the visit, etc

When will the person enter Sweden and how long will he/she be staying?

Are you related to the person you are inviting?

No Yes. State how you are related:

If you are not related – how do you know one another and how long have you known one another?

What is the purpose of the visit?



220012

Are there any other reasons that make the visit particularly important?

State what you know about the invited person's family situation, e.g. husband/wife, children, and where they live?

Who is paying for the journey and for the visitor's upkeep?

--

Is anyone else accompanying the person to Sweden?

<input type="checkbox"/> No <input type="checkbox"/> Yes. State who:
--

Has anyone related to you ever been granted a visa to Sweden?

<input type="checkbox"/> No <input type="checkbox"/> Yes. State who and when:

Where is your relative/friend planning to go after visiting Sweden?

--

Further particulars

Signature

_____	_____
Place and date	Signature

Enclose with the Referee's Appendix:

Proof of identity (*personbevis*). (This may be requisitioned from the nearest local tax office or via the web site www.rsv.se under "Beställningstjänst")

Important!

This appendix is to be sent to the person applying for an entry visa. He or she must submit it to the embassy/consulate together with the visa application. Do NOT send the appendix directly to the embassy/consulate or to the Swedish Migration Board. NB – Some embassies/consulates do not accept photocopies or faxes.

DISCLAIMER

I fully understand that:-

VFS Global Services Pvt Ltd has no role in the decision making process and no promises have been made by any VFS staff on this account.

The Embassy/ High Commission/ Consulate General reserve the right to ask for further documentation. Documentations sought by the Embassy are available on the website and notice board at the Application Centre and I have ensured that documents submitted along with visa application are as per requirements.

VFS is not liable for any delay in processing or the decision once the visa application is submitted and in case of a delay I agree to reschedule my tickets.

I have submitted the application, passport and supporting documents with applicable fees of Rs..... (Including courier fees, if any) the receipt of which has been given to me. The applicable fees and charges are as displayed on the notice board in the Visa Centre.

Signature..... Name

Place..... Date.....