## **Application for Schengen Visa**

РНОТО

## This application form is free

1. Surname (Family name) (x)					FOR OFFICIAL USE ONLY
2. Surname at birth (Former family name(s)) (x)					Date of application:
3. First name(s) (Given name(s)) (	Visa application number:				
4. Date of birth (day-month-year) 5. Place of birth 6. Country of birth		Nationality at birth, if different:		rent:	Application lodged at  Embassy/consulate  CAC  Service provider  Commercial intermediary
8. Sex Male Fema		Marital status Single Married Other (please spec	Separated Divorced ify)	Widow(er)	□ Border
10. In the case of minors: Surnam	o first name add	roop (if different fro	m applicantly) and nationa	lity of parantal	Name:
authority/legal guardian	e, ilist name, add	ress (ii diliereni iio	п аррисанся) ани напона	nty or parental	□ Other
11. National identity number, wher	e applicable				File handled by:
Type of travel document     Ordinary passport		Service passport	Official passport Spo	ecial passport	
					Supporting documents:  □ Travel document
13. Number of travel document 14	4. Date of issue	15. Valid until	16. Issued by		<ul><li>□ Means of subsistence</li><li>□ Invitation</li><li>□ Means of transport</li><li>□ TMI</li></ul>
17. Applicant's home address and	e-mail address	1	Telephone number(s)		□ Other:
18. Residence in a country other the No		Visa decision:  □ Refused □ Issued: □ A			
Yes. Residence permit or equivalent. No. Valid until  * 19. Current occupation				□ C □ LTV	
* 20. Employer and employer's addestablishment.	dress and telepho	one number. For stu	idents, name and address	of educational	□ Valid: From Until
21. Main purpose(s) of the journey Tourism Business Official visit		ng family or friends	Cultural	Sports	Number of entries:
Medical reasons Study Transit	Airpo	rt transit	Other (please s	pecify)	Number of days:

22. Member State(s) of destination	23. Member State of first entry	
24. Number of entries requested	25. Duration of the intended stay or transit Indicate number of days	
Single entry Two entries  Multiple entries		
	by family members of EU, EEA or CH citizens (spouse, child amily members of EU, EEA or CH citizens shall present doc	
(x) Fields 1-3 shall be filled in in accordance wi	th the data in the travel document.	

(x) Fields 1-3 shall be filled in in accordance with the data in the travel document.								
26. Schengen visas issued during the past three years								
No Yes. Date(s) of validity from	to							
27.Fingerprints collected previously for the purpose of app	lying for a Schongon vice							
	lying for a Schengen visa							
No Yes.	Date, if known							
28. Entry permit for the final country of destination, where applicable								
Issued by Valid from until								
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)/to accommodation(s)	emporary 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 travelling and living during the applicant's stay is covered								
by the applicant himself/herself	by a sponsor (host, company, organisation), please specify referred to in field 31 or 32 other (please specify)							
Means of support Cash Traveller's cheques Credit card Pre-paid accommodation Pre-paid transport Other (please specify)	Means of support Cash Accommodation provided All expenses covered during the stay Pre-paid transport Other (please specify)							

34. Personal data of the family member who is a	n EU, EEA oi	r CH citizen		1
Surname		First name(s)		
Date of birth N	ationality		Number of travel document or ID card	-
35. Family relationship with an EU, EEA or CH ci	tizen			_
spouse child		grandchild	dependent ascendant	
36. Place and date	37. Signatur guardian	re (for minors, signature of p	arental authority/legal	_
I am aware that the visa fee is not refunded if the	visa is refuse	d.		
Applicable in case a multiple-entry visa is applied I am aware of the need to have an adequate trave			y subsequent visits to the ter	ritory of Member States.
I am aware of and consent to the following: the coll the taking of fingerprints, are mandatory for the exa application form, as well as my fingerprints and my authorities, for the purposes of a decision on my vis Such data as well as data concerning the decision into, and stored in the Visa Information System (VIS authorities competent for carrying out checks on vis Member States for the purposes of verifying whether fulfilled, of identifying persons who do not or who not such examination. Under certain conditions the date of the prevention, detection and investigation of tentor processing the data is the Icelandic Directorate.	mination of the photograph was application. taken on my a sold for a maxing as at externating the condition of longer fulfil to a will be also a corrist offences of Immigration.	ne visa application; and any perill be supplied to the relevant application or a decision whether mum period of five years, duril borders and within the Members for the legal entry into, starthese conditions, of examining available to designated authors and of other serious criminal in, Skógarhlíð 6, 105, Reykjaví	personal data concerning me wauthorities of the Member States are to annul, revoke or extending which it will be accessible per States, immigration and a vand residence on the territo an asylum application and o ities of the Member States are offences. The authority of the k, Iceland.	which appear on the visa ates and processed by those of a visa issued will be entered to the visa authorities and this ylum authorities in the ry of the Member States are of determining responsibility for the Europol for the purpose of Member State responsible
I am aware that I have the right to obtain in any of t which transmitted the data, and to request that data deleted. At my express request, the authority exam personal data concerning me and have them correct The national supervisory authority of that Member Sclaims concerning the protection of personal data.	a relating to m ining my appli cted or deleted	e which are inaccurate be cor ication will inform me of the m d, including the related remed	rected and that data relating anner in which I may exercise les according to the national	to me processed unlawfully be my right to check the law of the State concerned.
I declare that to the best of my knowledge all partic application being rejected or to the annulment of a which deals with the application.				
I undertake to leave the territory of the Member Sta of the prerequisites for entry into the European terri be entitled to compensation if I fail to comply with the therefore refused entry. The prerequisites for entry	tory of the Me ne relevant pro	ember States. The mere fact the ovisions of Article 5 <sup>i</sup> of Regula	nat a visa has been granted to tion (EC) No 562/2006 (Sche	o me does not mean that I will engen Borders Code) and I ar
Place and date		gnature or minors, signature of parer	atal authority/legal guardian	):

 $<sup>^{\</sup>mathrm{i}}\,$  In so far as the VIS is operational