

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):	FOR OFFICIAL USE ONLY
2. Surname at birth (Former family name(s)):	Date of application:
3. First name(s) (Given name(s)):	Application number:
4. Date of birth (day-month-year):	Application lodged at:
5. Place of birth:	Service provider Commercial intermediary Border (Name):
6. Country of birth:	
7. Current nationality:	
Nationality at birth, if different:	☐ Other:
Other nationalities:	File handled by:
Q Cov:	-
8. Sex:	
9. Civil status: Divorced	Supporting documents:
☐ Married ☐ Widow(er)	☐ Travel document
Registered partnership Other (please specify):	☐ Means of subsistence☐ Invitation
☐ Separated	
	☐ Means of transport
	Other:
	Other.
10. Parental authority (in case of minors) / legal guardian (surname, first name, address, if different from applicant's, telephone number, e-mail address, and nationality):	
	Visa decision:
	Refused
	☐ Issued:
	□ A
	□ C □ LTV
11. National identity number, where applicable:	☐ Valid:
	From:
12. Type of travel document:	
☐ Diplomatic passport	Until:
☐ Service passport	Ontil.
☐ Official passport	
☐ Special passport ☐ Other travel document (please specify):	
☐ Other traver document (please specify).	Number of entries:
	☐ 1 ☐ 2 ☐ Multiple
13. Number of travel document:	Number of days:
	Number of days.
14. Date of issue:	
15. Valid until:	
4C Leaved by (as order).	-
16. Issued by (country):	
	J

⁽¹⁾ No logo is required for Norway, Iceland, Liechtenstein and Switzerland.

17. Personal data of the family member who is an EU, EEA	or CH citizen or a UK na	tional who is a Withdrawal Agree	ement beneficiary, if applicable	
Surname (Family name):		First name(s) (Given name	e(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 a	UK national who is a With	drawal Agreement beneficiary, if	applicable:	
☐ Spouse	☐ Dependent ascendant			
	☐ Registered partnership			
☐ Grandchild	Other:			
19. Applicant's home address and e-mail address:			Telephone number:	
OO Desidence in a country of the other than the country of country	A making alikur			
20. Residence in a country other than the country of curren	t nationality:			
□ No		NI.		
☐ Yes. Residence permit or equivalent		No		
vand until				
*21. Current occupation:				
*22. Employer and employer's address and telephone num	ber. For students, name a	and address of educational estab	olishment:	
23. Purpose(s) of the journey: Tourism			7 Oktober	
23. Purpose(s) of the journey:			Study Airport transit	
☐ Visiting family or frie☐ Cultural	ends		Other (please specify):	
☐ Sports				
☐ Official visit ☐ Medical reasons				
modical reacons				
24. Additional information on purpose of stay:				
25. Member State of main destination (and other Member States of destination, if applicable):				
26. Member State of first entry:				
27. Number of entries requested:				
☐ Single entry ☐ Two entri	es \square	Multiple entries		
Intended date of arrival of the first intended stay in the S	Schengen area:	Intended date of departure from	n the Schengen area after the first intended stay:	
28. Fingerprints collected previously for the purpose of applying for a Schengen visa:				
□ No				
☐ Yes Date, if known		Visa sticker number, if knowr	1	
29. Entry permit for the final country of destination, where applicable:				
Issued by until until				

*30. 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 number:		
*31. Name and address of inviting company/organisation:				
Comment for the control of the contr		et e e e		
Surname, first name, address, telephone number, and e-mail add	aress of contact person in company/organisa	auon.		
Telephone number of company/organisation:				
*32. Cost of travelling and living during the applicant's stay is covered				
by the applicant himself/herself	by a sponsor (host, company, organisa	tion), please specify:		
		_		
		referred to in field 30 or 31		
Means of support:		other (please specify):		
Cash	Means of support:			
☐ Traveller's cheques	Cash			
☐ Credit card	Accommodation provided			
Pre-paid accommodation	All expenses covered during the stay			
☐ Pre-paid transport	Pre-paid transport			
☐ Other (please specify):	Other (please specify):			
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: I am aware of the need to have an adequate travel medical insurance	e for my first stay and any subsequent visits	to the territory of Member States.		
I am aware of and consent to the following: the collection of the data required b	y this application form and the taking of my photog	ranh and if applicable the taking of fingerprints are mandatory		
for the examination of the application; and any personal data concerning me wl authorities of the Member States and processed by those authorities, for the pur	hich appear on the application form, as well as my			
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) 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 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 Ministry for Foreign Affairs of Finland.				
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 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 the national law of the Member State concerned. The national supervisory authority of that Member State [contact details: The Office of the Data Protection Ombudsman in Finland (https://tietosuoja.fi/en/)] 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 States 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 6(1) of Regulation (EU) No 2016/399 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.				
Place and date:	Signature:			
	g			
	(signature of parental authority / legal gua	ordian, if applicable):		