



## Medical treatment - Kenya

|  | Check |
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| Application for Schengen Visa –application form completed and signed.  |       |
| Passport:  Original passport valid for travel to Sweden. The passport validity must exceed the planned stay in the Schengen Area with at least three months. The passport must have been issued within the last ten years.  Complete photocopies of original passport, except blank pages.  Previous passport in original if a new passport has been issued within the last year.  |       |
| Proof of visa fee payment (bank deposit slip) or proof of fee exemption (if applicable).   |       |
| Individual medical travel insurance valid in all Schengen countries for the duration of the stay, covering the costs of at least EUR 30,000 which could arise as a result of emergency medical assistance, emergency hospitalization or medical repatriation.  |       |
| 1 color photo not more than 6 months old, passport size (45 mm x 35 mm), full face and taken against a light background.   |       |
| Applicants who submitted fingerprints in a previous application and were granted a Schengen visa within the last 59 months are exempted from resubmitting a new fingerprint.   |       |
| Copy of flight ticket or flight reservation including return flight.   |       |
| For non-Kenyan citizens: Kenyan proof of residence or proof of legal stay in any other country within the Embassy's coverage area, valid for at least 3 months from the date of intended departure from the territory of the Member States.  |       |
| <ul> <li>Proof of sufficient means of subsistence for the intended journey:         <ul> <li>Certified bank statement (covering the last three months) including bank account movements and final balance. This does not apply to pupils.</li> <li>Employees: employment contract or certificate of employment and pay slips of the last three months</li> <li>Company owners: copy of company registration in the Companies Registration Office, bank statement(s) for the company including bank account movements covering the last 3 months and balance sheet from the previous financial year</li> <li>Students: purpose of study, proof of financial solvency of parents or proof of sufficient funds for entire stay</li> <li>Retired persons: pension payment for the last three months</li> </ul> </li> <li>Proof of accommodation or proof of sufficient financial means to cover accommodation expenses.</li> </ul> |       |
| Official document from the receiving medical institution containing the following information:  - Confirming contact with the local medical institution in Kenya  - Nature of the treatment  - Estimated time for recovery  - The need for return visits  - The cost of treatment  - The mention that the patient is accepted  |       |

|   | - The indication that the treatment can be performed   |  |
|---|--|--|
|   | - The indication that the medical institution or doctor agrees with the intended method of                       |  |
|   | payment  |  |
|   | Proof of sufficient financial means to pay for the medical treatment and related expenses for the                |  |
|   | stay (including accommodation, if relevant) or proof of prepayment for the treatment; or formal                  |  |
|   | commitment letter signed by the party covering the expenses of the treatment.                                    |  |
|   | Formal commitment letter signed by the party covering the expenses of the treatment.                             |  |
|   | Certificate from a Kenyan medical institution confirming the need for the person to be accompanied, if relevant. |  |
|   | If an employed person, a signed letter from the current employer containing the following                        |  |
|   | information:   |  |
|   | - the applicant's personal data  |  |
|   | - the applicant's function/profession  |  |
|   | - terms of employment (temporary or permanent)   |  |
|   | - number of years with employer/organization   |  |
|   | - granted leave days   |  |
| L | - date and contact details   |  |
|   | If a self-employed person, submit copy of Kenya PIN Certificate.   |  |
|   | If a retired person, documents proving pension or other financial support.                                       |  |
|   | Please note that the Embassy will consider your socioeconomic situation in your home country                     |  |
|   | or in your country of residence if not the same. It is your responsibility to submit any other                   |  |
|   | documents related to personal ties in Kenya, such as marriage certificate, title deeds or lease                  |  |
| 1 | agreements   |  |

## Please note:

- Applications can be submitted up to 6 months before the intended travel and not less than 15 calendar days
  before the intended travel. Please note that the days are counted from when the Embassy has received the
  application and not when the application was submitted at VFS Global. The transportation time between the
  application centers and Nairobi is published on the website of VFS Global.
- The handling time may take up to 15 days (counted from when the Embassy has received a <u>complete</u> application) but may take up to 45 days, if verification of documents or an interview needs to be conducted or such.
- All submitted documents must be in English or in Swedish.
- An interview may be required at the Embassy or by phone.
- Further information or documentary evidence in support of your application may be required.
- All documents are mandatory. If documents are not submitted at the time of application, they may be sent
  within 2 working days to the following email address: <a href="mailto:ambassaden.nairobi-visum@gov.se">ambassaden.nairobi-visum@gov.se</a>. If mandatory
  documents, as stated in the checklists, are not received within the stipulated time, the Embassy will make
  a decision based on existing documentation.

| information above. I also confirm | , confirm that I have read the that the information/documents provided by me are authentic and that the Embassy ormation provided in my application. |
|-----------------------------------|--|
| Signature:                        | Telephone:   |
| Email:                            | Checked by (VFS Staff initials)  |
| Date:                             |  |