



	<b>MEDICAL REASONS ZAMBIA</b>	<b>YES</b>	<b>NO</b>	<b>REMARK</b>
	Harmonized Schengen Visa Application Form filled in completely and signed by the applicant.			
	Original passport: <ul style="list-style-type: none"><li>• Validity shall extend at least three months after the intended date of departure from the territory of the Member States.</li><li>• It shall contain at least two blank pages.</li><li>• It shall have been issued within the previous 10 years.</li><li>• Clear photocopy of biodata page in passport.</li></ul>			
	Receipt of visa fee payment unless exempted.			
	Submit biometrics.  Exempted if fingerprints have been submitted as part of an earlier application which has been entered in the VIS within the last 59 months.			
	1 color photograph not older than six months. This is only compulsory for children between the age of 0-12 years or if you do not appear in person at time of lodgment but have biometrical data submitted in a previous Schengen visa application within the last 59 months which can be reused.			
	Individual travel medical insurance valid throughout the territory of the Member States that covers the entire period of your intended stay or transit. The minimum coverage of costs shall be at least EUR 30 000 which could arise as a result of emergency medical assistance, emergency hospitalization or medical repatriation.			
	Copy of flight ticket or flight reservation including return flight.			
	For Zambian citizens: Copy of the National Registration Card.			
	For non-Zambian citizens: Valid residence permit in Zambia, or valid proof of residence 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.			
	Verifiable evidence of sufficient means of subsistence during intended stay:  - original bank account statements stamped by the bank showing movements over the last 3 months  - formal obligation by a third person to cover the applicant's stay, including proof of identity and of financial means of that person (e.g. bank account statements)  - if the travel costs are covered by a company/organisation: Signed letter to that effect, certificate of registration, company bank statement of the past 3 months			



	- other means of regular income, e.g. generated by property, social benefits.			
	<p>Proof of integration into the country of residence:</p> <p>- if the applicant is employed: Recent letter from employer indicating the employment status of the applicant within the company as well as the duration of the contract and duration of employment, salary slips stamped by the company (or equivalent) and NAPSA certificate.</p> <p>- if the applicant is a company owner or self-employed: Certificate of registration of the company as well as company shareholder certificate from PACRA tax return form.</p>			
	<p>Proof of family ties:</p> <p>- marriage certificate, birth certificate of the children of the applicant to prove ties to the home country.</p> <p>- if applicable: proof of other special circumstances, e.g. nursing care of family member due to serious illness/disability etc.</p>			
	A certificate from a local medical institution in Zambia confirming the need of specific medical treatment to be provided in the destination country.			
	An official document of the medical institution in the Member State of destination confirming that it has committed to performing the specific medical treatment and that the patient will be accepted accordingly.			
	An estimate of the anticipated length of stay of the patient in hospital before being released to return to Zambia.			
	Proof of pre-payment of the treatment or other proof of sufficient financial means to cover the medical treatment and related expenses, such as additional insurance coverage.			
	<b>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 to Zambia, such as title deeds or lease agreements.</b>			

**Information for the applicant on terms and conditions:**

- The application must be submitted **15 days before the start of the intended visit**. Applications can also be submitted up to 6 months before the intended travel.
- Applications shall be decided on within 15 calendar days of the date of the lodging of an application which is admissible in accordance with Article 10 and Article 19. That period may be extended up to a maximum of 45 calendar days in individual cases, notably when further examination of the application is deemed necessary. **Please note that the days are counted from when the Embassy has received the application and not when the application was lodged at VFS Global!**
- All submitted documents must be in English or in Swedish.
- Further information or documentary evidence in support of your application may be required as well as an interview. It is therefore important that you provide accurate contact details.



**Declaration – Applicant and VFS staff to sign (please tick relevant section)**

Applicant's documents are:

- Complete
- Not Complete

1. The remarks have been completed along with the applicant
2. Applicant has been advised that failure to submit all necessary documents may result in the application being refused but has chosen to proceed with the application.

Name & Signature of the Submission officer at VFS: \_\_\_\_\_

**I (name of applicant in box letters), \_\_\_\_\_, confirm that I have read the information above. I also confirm that the information/documents provided by me are authentic and that the Embassy can make a decision based on the information provided in my application.**

Applicant signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

**Internal VFS**

Name & Signature of the Biometric officer: \_\_\_\_\_

Name & Signature of the Data Entry officer: \_\_\_\_\_