



|  | <b>MEDICAL REASONS<br/>ZIMBABWE</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.<br><br>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 non-citizens: Valid residence permit in Zimbabwe, 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.  |            |           |               |
|  | Proof of sufficient means of subsistence for the intended journey:<br><br>- Certified bank statement (covering the last three months) including bank account movements and final balance.<br><br>- Employees: employment contract or certificate of employment and pay slips of the last three months.<br><br>- Company owners: a certification from Zimbabwe Registrar of Companies/Cooperatives and registration for taxation from Zimbabwe Revenue Authority (ZIMRA) is required.<br><br>- Students: purpose of study, proof of financial solvency of parents or proof of sufficient funds for entire stay. |            |           |               |



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|  | - Retired persons: pension payment for the last three months.   |  |  |  |
|  | Proof of accommodation or proof of sufficient financial means to cover accommodation expenses.  |  |  |  |
|  | Official document from the receiving medical institution containing the following information:<br><br>- Confirming contact with the local medical institution in Zimbabwe<br>- Nature of the treatment<br>- Estimated time for recovery<br>- The need for return visits<br>- The cost of treatment<br>- The mention that the patient is accepted<br>- The indication that the treatment can be performed<br>- 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.   |  |  |  |
|  | Formal commitment letter signed by the party covering the expenses of the treatment.  |  |  |  |
|  | Certificate from a medical institution in Zimbabwe confirming the need for the person to be accompanied, if relevant.   |  |  |  |
|  | If employed, a signed letter from the current employer containing the following information:<br><br>- personal data<br>- function/profession<br>- terms of employment (temporary or permanent, begin and end dates of the contract)<br>- number of years with employer/organisation<br>- granted leave days   |  |  |  |
|  | <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 Zimbabwe, such as marriage certificate, 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: \_\_\_\_\_