



EMBASSY OF SWEDEN

Nairobi

Checklist – Medical treatment

#	Documents	Check
	Application for Schengen Visa –application form completed and signed	
	Passport: <ul style="list-style-type: none">• 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.	
	Verified photocopy of national ID-card (both sides).	
	1 color photo not more than 6 months old, passport size (45 mm x 35 mm), full face and taken against a light background. However, for those applicants who submitted a photo in a previous application and were granted a Schengen visa within the last 59 months , they are exempted from resubmitting a new photo.	
	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.	
	A certificate from a local medical institution in Zambia from within the last 3 months confirming the need of specific medical treatment to be provided abroad.	
	A letter from the medical institution or doctor in the Member State of destination indicating the following: <ul style="list-style-type: none">• The contact with the local doctor.• 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.	
	Recent bank statement covering the last three months.	
	Proof of pre-payment of the treatment or other proof of sufficient financial means to cover the medical treatment and related expenses.	
	Employed persons: signed letter from current employer or organization containing the following information:	

	<ul style="list-style-type: none"> • Applicant's personal data • Applicant's function/profession • Terms of employment (temporary or permanent) • Number of years with employer/organization 	
	Self-employed persons: <ul style="list-style-type: none"> • copy of Zambian Tax Return Certificate, • bank statement for business account (for the last three months). 	
	Retired persons: documents proving the pension or other financial support.	
	Documents relating to the applicant's personal ties in Zambia, such as marriage certificate, birth certificates of children (if any), title deeds or lease agreements, etc.	
	Additional requirements for non-Zambian applicants residing in Zambia: <ul style="list-style-type: none"> • Copy of the applicant's Zambian residence permit. The validity of the permit must exceed the planned stay in the Member States with at least three months • If the applicant is not a resident of Zambia, a justification for lodging the application here must be provided. 	
	Please note that the Embassy will consider your socio-economic situation in Zambia or in your home country if not the same. It is your responsibility to decide in what way you want to show your establishment, such as: income, savings, landownership, business, marriage, Children, dependency.	

Please note:

- Applications shall be lodged no more than fifteen working days before the start of the intended visit
- 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 can be sent within 2 working days to the following email address: embassy.nairobi-visa@gov.se. If mandatory documents as stated in this checklist are not received within the stipulated time, the Embassy will make a decision based on existing documentation.

I (name of applicant), _____ confirm that the information provided on this checklist is correct, and that the Embassy can make a decision based on the information provided in my application.

Signature: _____

Telephone: _____ Email: _____

Checked by (VFS Staff initials) _____ Date: _____