

Application for Schengen Visa This application form is free

РНОТО

1. Surname (Family name) (x)					FOR OFFICIAL USE ONLY		
2. Surname at birth (Former family name(s)) (x)					Date of ap	pplication:	
3. First name(s) (Given name(s)) (x)					Visa appli	cation number:	
4. Date of birth (day-month-year)				. Current nati Nationality	onality at birth, if different:	Application lodged at Embassy/consulate CAC Service provider	
8. Sex	9. Marital status				Comr	nercial intermediary	
□ Male □ Female □ Single □ Marr			farried Separated Divorced		Borde	r	
		dow(er)	(er) Cother (please specify)		Name:		
						□ Other	
 In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian 					File handl	ed by:	
11. National identity number, where applicable						Supportin	g documents:
12. Type of travel document						_	l document
□ Ordinary passport □ Diplomatic passport □ Service passport □ Official passport □ Special passport						🗆 Invita	
□ Other travel document (please specify)							s of transport
13. Number of travel document	14. Date of issue 15. Vali		5. Valid	until	16. Issued by	TMI	:
17. Applicant's home address and e-mail address Telephone number(s)				Visa decision: Refused Issued: A			
18. Residence in a country other than the	e country of curr	ent national	lity	1			
□ No □ Yes □ Residence permit or equivalent						□ LTV	
No Valid until					□ Valid		
* 19. Current occupation					From		
* 20. Employer and employer's address and telephone number. For students, name and address of educational					Until		
establishment.					Number of	of entries:	
						2 🗆 Multiple	
21. Main purpose(s) of the journey:					Number o	of days:	
☐ Tourism ☐ Business ☐ Visiting family or friends ☐ Cultural ☐ Sports ☐ Official visit							
☐ Medical reasons ☐ Study ☐ Transit ☐ Airport transit ☐ Other (please specify)							

22. Member State(s) of destination	23. Member State of first entry	
24. Number of entries requested	25. Duration of the intended stay or transit	
□ Single entry □ Two entries □ Multiple entries	Indicate number of days	

The fields marked with * shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields No 34 and 35.

(x) Fields 1-3 shall be filled in in accordance with the data in the travel document.

26. Schengen visas issued during the past three years				
□ No				
□ Yes □ Date(s) of validity from to				
27. Fingerprints collected previously for			engen visa	
□ No				
Date, if known				
28. Entry permit for the final country of destination, where applicable				
Issued by				
29. Intended date of arrival in the Schengen area 30. Intended date of departure from the Schengen area				
* 31. 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 and telefax				
* 32. Name and address of inviting company/organisation			Telephone and telefax of company/organisation	
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation				
* 33. Cost of travelling and living during	the applicant's	stay is covered		
□ by the applicant himself/herself	☐ by a sponsor (host, company, organisation), please specify			
Means of support	□ referred to in field 31 or 32			
□ Cash	□ other (please specify)			
Traveller's cheques	Means of support			
Credit card	Cash			
□ Prepaid accommodation	□ Accommodation provided			
□ Prepaid transport	□ All expenses covered during the stay			
□ Other (please specify)	Prepaid transport			
	□ Other (please specify)			

34. Personal data of the famil	y member who is an EU, EEA o	or CH citizen
Surname		First name(s)
Date of birth	Nationality	Number of travel document or ID card
35. Family relationship with an EU, EEA or CH citizen □ spouse □ child □ grandchild □ dependent ascendant		
36. Place and date		 Signature (for minors, signature of parental authority/legal guardian)

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 (cf. field No 24):

I am aware of the need to have an adequate travel medical insurance 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 by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on my visa application.

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) (1) 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: Ministry of Foreign Affairs, Loretánské náměstí 5, CZ-118 00 Praha 1; Directorate of Alien Police, Olšanská 2, P.O. BOX 78, CZ-130 51 Praha 3 and Ministry of the Interior, Nad Štolou 3, CZ-170 34 Praha 7.

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 State concerned. The national supervisory authority of that Member State will hear claims concerning the protection of personal data: Office for Personal Data Protection, Pplk. Sochora 727/27, CZ-170 00 Praha 7.

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 5(1) of Regulation (EC) No 562/2006 (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 (for minors, signature of parental authority/legal guardian):

¹ In so far as the VIS is operational.