

SCHENGEN VISA PRACTICE FORM

1. Surname(s) family name(s) _____
2. Surname(s) at birth (earlier family name(s)) _____
3. First names (given names) _____
4. Date of birth (year-month-day) _____
5. ID number (optional) _____
6. Place and country of birth _____
7. Current nationality/ies _____
8. Original nationality (nationality at birth) _____
9. Sex Male/Female
10. Marital Status (single, married, separated, divorced, widowed(er), other)
11. Father's name _____
12. Mother's name _____
13. Type of Passport: (national passport, diplomatic passport, service passport, travel document (1951 convention), alien's passport, seaman's passport, other travel document (please specify) _____
14. Number of passport: _____
15. Issued by: _____
16. Date of Issue: _____
17. Valid until: _____
18. If you reside in a country other than your country of origin, have you permission to return to that country? No Yes (number validity) _____
19. Current Occupation _____
20. Employer and employer's address and telephone number. For students, name and address of school.

21. Main destination _____
22. Type of visa: Airport transit, transit, short stay, long stay _____
23. Visa: individual collective _____
24. Number entries requested: single entry, two entries, multiple entries _____
25. Duration of stay : _____ Visa is requested for: _____ days: _____
26. Other visas (issued during the past three years) and their period validity _____
27. In the case of transit, have you an entry permit for the final country of destination? No/Yes valid until: Issuing authority:

28. Previous stay in this or other Schengen states _____
29. Purpose of travel: tourism, visit to family or friends, cultural/sports, official medical reasons Others (please specify)

30. Date of Arrival _____

31. Date of Departure _____

32. Border of first entry or transit route _____

33. Means of transport _____

34. Name of host or company in the Schengen states and contact person in host company. if not applicable, give name of hotel or temporary address in the Schengen states _____

Name: _____ Tel and telefax: _____

Full Address: _____ email address: _____

35. Who is paying for your cost of travelling and for your cost of living during your stay?(myself, host person/s Host Company (State who and how and present corresponding documentation) _____

36. Means of support during your stay (cash, credit card, traveller's check, accommodation other travel and or health insurance valid until) _____

37. Spouse's family name _____

38. Spouse's family name at birth _____

39. Spouse's first name _____

40. Spouse's date of birth _____

41. Spouse's place of birth _____

42. Children (application must be submitted separately for each passport)

Name	First Name	Date of Birth
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1	_____	_____
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2	_____	_____
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3	_____	_____
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43. Personal data of EU or EEA citizen you depend on. This question should be answered only by family members of EU or EEA citizens

Name: First Name

Date of Birth: _____ Nationality: _____ Number of Passport: _____

Family Relationship: of an EU or EEA citizen _____

44. Consent box (not shown here)

45. Applicants home address: _____

46. Telephone number: _____

47. Place and date: _____

48. Signature (for minor, signature of custodian/guardian) _____ -

Requirements: (differ per state - please call us)