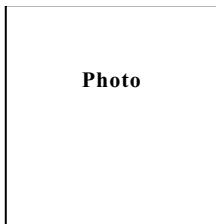




Stamp embassy
Or consulate



Application for Schengen Visa

This application form is free



N° 12225*01

1. Surname(s) family name(s)		FOR EMBASSY / CONSULATE USE ONLY
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)	Date application :
6. Place and country of birth		File handled by :
7. Current nationality/ies	8. Original nationality (nationality at birth)	
9. Sex Male Female	10. Marital status : Single Married Separated Divorced Widow(er) Other	Supporting documents: Valid passport Financial means Invitation Means of transport Health insurance 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 and 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 of 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 of 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 stays in this or other Schengen states		
Visa : Refused Granted Characteristics of Visa : LTV A B C D D + C Number of entries : 1 2 Multiple Valid from To Valid for :		

* The questions marked with * do not have to be answered by family members of EU or EEA citizens (spouse, child or dependent ascendant). Family members of EU or EEA citizens have to present documents to prove this relationship.

29. Purpose of travel Tourism Business Visit to Family or Friends Cultural/Sports Official Medical reasons Other (please specify):		FOR EMBASSY / CONSULATE USE ONLY											
* 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													
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Name</td> <td>Telephone and telefax</td> </tr> <tr> <td>Full address</td> <td>e-mail address</td> </tr> </table>			Name	Telephone and telefax	Full address	e-mail address							
Name	Telephone and telefax												
Full address	e-mail address												
* 35. Who is paying for your cost of travelling and for your costs 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 Travellers' cheques Credit cards Accommodation Other: Travel and/or health insurance. Valid until:													
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">37. Spouse's family name</td> <td>38. Spouse's family name at birth</td> </tr> <tr> <td>39. Spouse's first name</td> <td>40. Spouse's date of birth</td> </tr> <tr> <td></td> <td>41. Spouse's place of birth</td> </tr> </table>		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						
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 (Applications <u>must</u> be submitted separately for each passport) <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 40%;">First name</th> <th style="width: 30%;">Date of birth</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </tbody> </table>		Name	First name	Date of birth	1			2			3		
Name	First name	Date of birth											
1													
2													
3													
43. Personal data of the EU or EEA citizen you depend on. This question should be answered only by family members of EU or EEA citizens. <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">Name</td> <td>First Name</td> </tr> <tr> <td>Date of Birth</td> <td>Nationality</td> </tr> <tr> <td></td> <td>Number of passport</td> </tr> <tr> <td colspan="2">Family relationship :</td> </tr> <tr> <td colspan="2" style="text-align: right;">of an EU or EEA citizen</td> </tr> </table>		Name	First Name	Date of Birth	Nationality		Number of passport	Family relationship :		of an EU or EEA citizen			
Name	First Name												
Date of Birth	Nationality												
	Number of passport												
Family relationship :													
of an EU or EEA citizen													
<p>44. I am aware of and consent to the following: any personal data concerning me which appear on this visa application form will be supplied to the relevant authorities in the Schengen states and processed by those authorities, if necessary, for the purposes of a decision on my visa application. Such data may be input into, and stored in, databases accessible to the relevant authorities in the various Schengen states.</p> <p>At my express request, the consular authority processing 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 altered or deleted, in particular, should they be inaccurate, in accordance with the national law of the state concerned.</p> <p>I declare that to the best of my knowledge all particulars supplied by me are correct and complete.</p> <p>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 Schengen state which deals with the application.</p> <p>I undertake to leave the territory of the Schengen states upon the expiry of the visa, if granted.</p> <p>I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Schengen 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 the Schengen Implementing Convention and am thus refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Schengen states.</p>													
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">45. Applicant's home address</td> <td>46. Telephone number</td> </tr> <tr> <td>47. Place and date</td> <td>48. Signature (for minors, signature of custodian/guardian)</td> </tr> </table>		45. Applicant's home address	46. Telephone number	47. Place and date	48. Signature (for minors, signature of custodian/guardian)								
45. Applicant's home address	46. Telephone number												
47. Place and date	48. Signature (for minors, signature of custodian/guardian)												



Liberté • Égalité • Fraternité

RÉPUBLIQUE FRANÇAISE

CONSULAT GÉNÉRAL DE FRANCE
A LONDRES

SERVICE DES VISAS

Je soussigné, _____, déclare avoir pris connaissance de l'obligation d'être en possession d'une assurance couvrant, pour un montant minimum de 30.000 Euros, les dépenses médicales et hospitalières y compris d'aide sociale résultant de soins que je pourrais engager lors de séjours ultérieurs dans l'espace Schengen ainsi que les frais de rapatriement qui pourraient en résulter.

Londres, le _____,

Signature :

I, the undersigned _____, hereby declare that I have taken note of the requirement to contract a full travel insurance, covering -for a minimum amount of 30.000 Euros- any medical, hospitalisation and repatriation costs, as well as associated care expenses which I could incur during my future trips into the Schengen states.

London, the _____,

Signature: