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Harmonised application form
Application for Schengen Visa

This application form is free

Family members of EU, EEA or CH citizens shall not fill in fields no. 21, 22, 30, 31 and 32 (marked with*). Fields 1-3 shall be filled in in accordance with the data in the travel document.

Fields 1-5 shall be filled in in	accordance with	ine uala ii		avei uuc		
1. Surname (Family name)	FOR OFFICIAL USE ONLY					
2. Surname at birth (Former family name(s))						Date of application:
3. First name(s) (Given name(s))	Application number:					
4. Date of birth (day-month-year)	5. Place of birth		7.	.Current na	tionality	Application lodged at:
	6. Country of birth		N	ationality a	t birth, if different	Embassy/consulate
			0	ther natior	alities	Service provider
8.Sex	9. Civil status					Commercial intermediary
Male Female	Single	Married	Re	egistered	Partnership	Border (Name)
	Separated	Divorced	Wi	idow(er)		
	Other (please s	specify): …				
 10. Parental authority (in case of min telephone no., e-mail address, and no.) 11. National identity number, where 	Other:					
12. Type of travel document						File handled by:
	omatic passport	Service p	bassport	☐ Off	icial passport	
	· · · <u> </u>		•			
	_					
13. Number of travel document	14. Date of issue 15. Valid until 16. Issued by (country)				Supporting documents:	
17. Personal data of the family mem	ber who is an EU, EEA			cable /en name(s		Means of subsistence
Surname (Family name)	☐ Invitation ☐ TMI					
Date of birth (day month year)	Nationality Number of travel document or ID card				☐ Means of transport ☐ Other:	
18. Family relationship with an EU, I	EEA or CH citizen if app	olicable				1
Spouse Child	Gra	andchild] Dependent ascendan	Visa decision:
Registered Partnership	🗌 Othe	ər:				Refused
19. Applicant's home address and e-mail address Telephone no.						□ c
20. Residence in a country other tha	in the country of current	t nationality				
No No	☐ Valid From					
Yes. Resident permit or equences *21. Current occupation						
21. Current occupation						Until
*22. Employer and employer's address and telephone number. For students, name and address of educational						Number of entries
establishment.						Number of days:
22. Durness(s) of the former						-
23. Purpose(s) of the journey						
Other (please specify):						
24. Additional information on purpos	e of stay					

25. Member State of main destination (and	FOR OFFICIAL USE ONLY						
States of destination, if applicable)							
	27. Number of entries requested						
Single entry Two entries Multiple entries							
Intended date of arrival of the first intended stay in the Schengen area:							
Intended date of departure from the Scher	-						
28. Fingerprints collected previously for the purpose of applying for a Schengen visa							
Date if knownVisa sticker number, if known							
29. Entry permit for the final country of dea							
Issued byUalid fromuntil							
*30. 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)							
Addroop and a mail address of in the	roon(a)/hotol(a) tomr	Tolonhono no					
Address and e-mail address of inviting per accommodation(s)	rson(s)/notel(s) temporary	Telephone no.					
*31. Name and address of inviting compar	ny/organisation	Telephone no. of company/organisation					
*Surname, first name, address, telephone	no. and e-mail address of conta	act person in company/organisation	_				
*32. Cost of traveling and living during the							
by the applicant himself/herself		mpany, organisation), please					
Manual of command		referred to in field 30 or 31					
Means of support	other (please specify)						
	Means of support						
Traveler's cheques							
Credit card	Accommodation provided						
Prepaid accommodation	All expenses covered o						
Prepaid transport	Prepaid transport						
Other (please specify):	Other (please specify)						
I am aware that the visa fee is not refunde	ed if the visa is refused.						
Applicable in case a multiple-entry visa is applied for 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 State.							
			-				
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 application; and any personal data concerning me which appear on the 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 application.							
		n or a decision whether to annul. revoke or e»	tend a visa issued will be entered				
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) for a maximum period of five years, during which it will be accessible to the visa authorities and the visa authorities are unique at entered backers and whether the imprise provide at the visa authorities and the set of the visa authorities and the visa authorities and the visa authorities and the visa authorities and the visa authorities are unique at entered backers and whether the imprise visa authorities and the visa authorities and visa authorities and visa authorities and the visa authorities and visa authorities and the visa authorities and visa auth							
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 is: The Icelandic Directorate of Immigration, Dalvegur 18, 201 Kópavogur, Iceland, www.utl.is.							
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 Member State							
concerned. The national supervisory authority of that Member State (The Icelandic Data Protection Authority, Rauðarárstígur 10, 105 Reykjavík, Iceland, www.personuvernd.is) will hear claims concerning the protection of personal data.							
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 6(1) of Regulation (EU) No 2016/399 (Schengen Borders Code) and I are the state of the Member States and I are the state of the Member States are the state o							
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 (signature of parental authority/legal guardian, if applicable)							