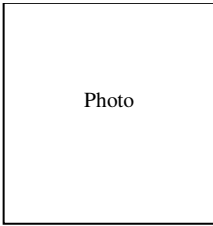




Stamp of Embassy or
Consulate



Application for Schengen Visa

This application form is free

<< Turistik >>

1. Surname(s) (family name(s))		FOR EMBASSY / CONSULATE USE ONLY Date application : File handled by : Supporting documents: Valid passport Financial means Invitation Means of transport Health insurance Other :
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 Widow(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 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 : <input type="checkbox"/> Airport transit <input type="checkbox"/> Transit <input type="checkbox"/> Short stay <input type="checkbox"/> Long stay	23. Visa : <input type="checkbox"/> Individual <input type="checkbox"/> 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		

* 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		
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:		
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)		
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.		
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.</p> <p>The prerequisites for entry will be checked again on entry into the European territory of the Schengen states.</p>		
45. Applicant's home address		
46. Telephone number		
47. Place and date		
48. Signature (for minors, signature of custodian/guardian)		

Sıklıkla yapılacak ziyaretler için seyahat ve sađlık sigortası beyanı

Aşađıda imzası bulunan (Adı, soyadı):

Dođum tarihi:

Pasaport numarası:

Çok girişli (Multiple visa) vize seri numarası:

Çok girişli vize (Multiple visa) sahibi, kendisine verilen vize süresi içinde, Schengen ülkelerine yapacağı her bir ziyaret için aşağıda belirtilen kriterleri içeren seyahat ve sađlık sigortasını yaptırmaktan sorumlu olacağını beyan eder:

Seyahat ve sađlık sigortası:

- Schengen ülkelerinde geçerli olmalı;
- Schengen ülkelerinde kalınacak süre için geçerliliđi olmalı;
- Asgari 30.000 € deđeri kapsamalı;
- Hastanelerde, sađlık nedenleri, gerekli tıbbi tedavi bakımı ve/veya acil tedaviler için masrafları kapsamalıdır.

Schengen ülkelerine girişte yapılan sınır kontrolünde, bu sađlık ve seyahat sigortasının poliçesini yanımda bulunduracağımı bildiririm.

Yer

Tarih

İmza
