

Harmonised application form **Application for Schengen Visa**

Attach photo here

jpeg, max. 60 kB

This application form is free

Family members of EU, EEA or CH citizens or of UK nationals who are Withdrawal Agreement beneficiaries 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.						
1. Surname (Family name)	FOR OFFICIAL USE ONLY						
Surname at birth (Former family n	Date of application:						
3. First name(s) (Given name(s))	Application number:						
	Application number.						
4. Date of birth (day-month-year)	5. Place of birth		7.Current na	ationality	Application lodged at:		
	Nationality at birth, if different						
	6. Country of birth		Other nation	nalities	☐ Embassy/consulate ☐ Service provider		
8.Sex	9. Civil status	9. Civil status					
Male Female	Single	Married	Registered partnership	☐ Border (Name)			
Other	Separated	Divorced		Widow(er)			
		Other (please specify):					
telephone no., e-mail address, and r	Other:						
11. National identity number, where							
12. Type of travel document					File handled by:		
Ordinary passport Dipl	·						
Special passport Oth							
13. Number of travel document	14. Date of issue	ssue 15. Valid until 16. Issu		16. Issued by (country)	Supporting documents:		
17. Personal data of the family member who is	☐ 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, EEA							
Spouse Child		Grandchild Other:			Visa decision: ☐ Refused		
Registered Partnership	☐ Issued:						
19. Applicant's home address			Phone		I □ C		
	□ C □ LTV						
20. Residence in a country other tha		_					
No	│						
Yes. Resident permit or equal *21. Current occupation	Until						
*22. Employer and employer's addre	Number of entries ☐ 1 ☐ 2 ☐ Multiple						
establishment.	Number of days:						
23. Purpose(s) of the journey							
Tourism Business Visiting family or friends Cultural Sports							
Official visit Medical re							
Other (please specify):							
24. Additional information on purpos	se of stay						

25. Member State of main destination (and other Member States of destination, if applicable)			ate of first entry	FOR OFFICIAL USE ONLY		
27. Number of entries requested Sino						
Intended date of arrival of the first intende	d stay in the Schenger	n area:				
Intended date of departure from the Schei	ngen area after the first	st intended s	tay:			
28. Fingerprints collected previously for th No Yes	e purpose of applying t	for a Schen	gen visa			
Date if knownVisa	sticker number, if kr	nown				
29. Entry permit for the final country of det Issued by						
*30. Surname and first name of the inviting temporary accommodation(s) in the Member Inviting person Inviting company Hotel or Temporary accompation		nber State(s). If not applicable, name of hotel(s) or			
Address and e-mail address of inviting person(s)/hotel(s) temporary accommodation(s)			Phone			
			E-mail:			
*31. Name and address of inviting company/organisation			Phone E-mail:			
*Surname, first name, address, telephone						
			, , , , , , , , , , , , , , , , , , ,			
32. Cost of traveling and living during the	l 					
by the applicant himself/herself			oany, organisation), please referred to in field 30 or 31			
Means of support			other (please specify)			
Cash	Means of support					
Traveler's cheques	Cash					
Credit card	Accommodation	•				
Prepaid accommodation	All expenses c					
Prepaid transport Other (please specify):	Prepaid transp Other (please s					
33. Surname and first name of the person Surname:		n form, it diff ame:	erent from the applicant:			
Address:						
Email address:		Teleph				
I am aware that the visa fee is not refunde	d 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.						
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 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 fulfill 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: Ministry of Foreign and European Affairs, Prešernova cesta						
25, 1000 Ljubljana. 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 (Information Commissioner of the Republic of Slovenia, Dunajska cesta 22, SI-1000 Ljubljana) 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) 2016/399 (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.						

Signature (signature of parental authority/legal guardian, if applicable)

Place and date