



Application for Schengen Visa
This application form is free.

SAMPLE



1 Surname (Family name) (x) JACKSON				FOR OFFICIAL USE ONLY			
2 Surname at birth (Former family name(s)) (x)				Date of application:			
3 First name(s) (Given name(s)) (x) MICHAEL				Visa application number:			
4 Date of birth (day-month-year) 20 July 1980		5 Place of birth MEDAN		7 Current nationality Nationality at birth, if different: INDONESIA		Application lodged at <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border	
6 Country of birth INDONESIA		8 Sex. <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		9 Marital status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify)		Name:	
10 In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian SAMPLE							
11 National identity number, where applicable 303606333122413							
12 Type of travel document <input checked="" type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify)							
13 Number of travel document A1111221		14 Date of issue 01/01/2018		15 Valid until 01/01/2023		16 Issued by INDONESIA	
17 Applicant's home address and e-mail address JL. KEMERDEKAAN No. 1, MEDAN SUMATRA UTARA 10211				Telephone number(s) 081 333444 555 666			
18 Residence in a country other than the country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent No. _____ Valid until _____							
* 19 Current occupation TEACHER AT SMU 222 MEDAN							
* 20 Employer and employer's address and telephone number. For students, name and address of educational establishment. JL. DANAU TOBA NO. 1-5, MEDAN, SUMUT							
21 Main purpose(s) of the journey: <input checked="" type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reasons <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify)							
Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple							
Number of days: -----							

(1) No logo is required for Norway, Iceland and Switzerland.

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22 Member State(s) of destination DENMARK	23 Member State of first entry NETHERLANDS
24 Number of entries requested <input checked="" type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	25 Duration of the intended stay or transit Indicate number of days 7

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The fields marked with * shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields no 34 and 35.

(x) Fields 1-3 shall be filled in in accordance with the data in the travel document.

26 Schengen visas issued during the past three years <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Date(s) of validity from 02/02/2017 to 03/03/2017	
27 Fingerprints collected previously for the purpose of applying for a Schengen visa <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date, if known _____	
28 Entry permit for the final country of destination, where applicable Issued by _____ Valid from _____ until _____	
29 Intended date of arrival in the Schengen area 11/11/2018	30 Intended date of departure from the Schengen area 18/11/2018
* 31 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)	
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s) WAKEUP COPENHAGEN	Telephone and telefax
*32 Name and address of inviting company/organisation WAKE UP COPENHAGEN, BORBERGADE 9 1300 KOBENHAVN	Telephone and telefax of company/organisation +45 44 80 00 90
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation	

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*33 Cost of travelling and living during the applicant's stay is covered	
<input checked="" type="checkbox"/> by the applicant himself/herself Means of support <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Pre-paid accommodation <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> by a sponsor (host, company, organisation), please specify <input type="checkbox"/> referred to in field 31 or 32 <input type="checkbox"/> other (please specify) Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify)

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34 Personal data of the family member who is an EU, EEA or CH citizen

Surname		First name(s)	
Date of birth	Nationality	Number of travel document or ID card	

35 Family relationship with an EU, EEA or CH citizen

spouse child grandchild dependent ascendant

36 Place and date

MEDAN, 11/10/2018

37 Signature (for minors, signature of parental authority/legal guardian)

I am aware that the visa fee is not refunded if the visa is refused.

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Applicable in case a multiple-entry visa is applied for (cf. field no 24):

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 States.

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 visa application; and any personal data concerning me which appear on the visa 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 visa 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) (1) 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 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 Danish Immigration Service, Ryesgade 53, DK-2100 Copenhagen Ø, Denmark, e-mail: us@us.dk.

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 State concerned. The national supervisory authority of that Member State (the Danish Data Protection Agency, Borgergade 28, 5, DK-1300 Copenhagen K, Denmark, e-mail: dt@datatilsynet.dk) 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 5(1) of Regulation (EC) No 562/2006 (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.

Place and date

MEDAN, 11/10/2018

Signature (for minors, signature of parental authority/legal guardian):

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(1) In so far as the VIS is operational