



APPLICATION FOR SCHENGEN VISA THIS APPLICATION FORM IS FREE

PHOTO

1. Surname (Family name) (*)	FOR OFFICIAL USE ONLY				
2. Surname at birth (Former family name(s)) (x)					Date of application:
3. First name(s) (Given name(s)) (x)					Visa application number:
Father's Name:					
Mother's Name:					Application lodged at Embassy/consulate CAC
4. Date of birth (day-month-year)	5. Place o	f birth		7.Current nationality	 Service provider Commercial intermediary
	6. Country	y of birt	th	Nationality at birth, if different:	Border
0.6		lo 44	21 1 -1 1 -		Name:
8. Sex Male Female					□ Other
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of					f File handled by:
parental authority/legal guardian					Supporting documents: Travel document
11. National identity number, where applicable					□ Means of subsistence
					InvitationMeans of transport
12. Type of travel document					TMI
 Ordinary passport Other travel document (please specified) 		ssport :	□ Official pa	ssport - Special passport	□ Other:
13. Number of travel document	14. Date of i	ssue 1	5. Valid until	16. Issued by	
					Visa decision:
17. Applicant's home address and e-ma	il address			Telephone number(s)	□ Refused
18. Residence in a country other than the country of current nationality					□ Issued:
No No Decidence respect on a spiral and the No.					□ <i>A</i> □ <i>C</i>
□ Yes. Residence permit or equivalent No Valid until 1 19. Current occupation					LTV
·					
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.					□ Valid: From
					Until
21. Main purpose(s) of the journey:					
□ Tourism Business Visiting family or friends Cultural Sports Official visit					Number of entries: □ 1 □ 2 □ Multiple
□ Medical reasons □ Study□ Transit □ Airport transit□ Other (please specify)					u i u z a mulliple
Do Study Iransit D Airport fransi	i Other (ple	ase spe	CITY)		

X Fields 1-3 shall be filled in in accordance with the data in the travel document

¹ 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.

22. Member State(s) of destination	23. Membe	r State of first e	entry	Number of days:
24. Number of entries requested	25. Duratio	n of the intended		
□ Single entry□ Two entries□ Multiple entries	trai		,	
	Indicate nu	mber of days		
26. Schengen visas issued during the past three years				
□ No □ Yes. Date(s) of validity from to				
27.Fingerprints collected previously for the purpose of ap	pplying for a Scher	gen visa		
□ No Yes. Date, if known				
28. Entry permit for the final country of destination, whe Issued byunt				
Essued byvand fromuni				
29. Intended date of arrival in the Schengen area		date of departui igen area	re from the	
* 31. Surname and first name of the inviting person(s) in t hotel(s) or temporary accommodation(s) in the Member S		(s). If not applica	ible, name of	
Address and e-mail address of inviting person(s)/hotel(s), accommodation(s)	/temporary	Telephone and tel	efax	
100 M	-	F. 1		
*32. Name and address of inviting company/organisation		Telephone and tel company/organisa		
Surname, first name, address, telephone, telefax, and e-n company/organisation	mail address of con	tact person in		
*33. Cost of travelling and living during the applicant's st	·			
up the applicant himself/herself		sor (host, compar inisation), please		
	referr	red to in field 31		
Means of support	other	(please specify)		
□ Cash	Means of su	pport		
□ Traveller's cheques	□ Cash			
□ Credit card	□ Accommo	dation provided		
□ Pre-paid accommodation		ses covered durir		
□ Pre-paid transport	□ Pre-paid t	•		
□ Other (please specify)	□ Other (pl	ease specify)		
34. Personal data of the family member who is an EU, EEA	A or CH citizen			
Surname	First nan	ne(s)		
Date of birth Na	ntionality	<u> </u>	Number of	
[]	, ,		ravel	
			locument or :D card	
35. Family relationship with an EU, EEA or CH citizen				
spouse child grandchild depe	ndent ascendant			

36. Place and date	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.

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

E-mail: contact@dpa.gr will hear claims concerning the protection of personal data.

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)² 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 Greece responsible for processing the data is: Ministry of Citizen Protection, Greek Police, International Police Cooperation Division, 3rd Division SIRENE, Kanellopoulou 4, GR-10177 Athens, Tel.:+30.210.6977000, Fax:+30.210.6929764, Email: info@sirene-gr.com

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

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.

the related remedies according to the national law of the State concerned. The national supervisory authority of that Member State (Hellenic Data Protection Authority, Kifisias str 1-3, 1st floor, GR - 115 23 Athens, Tel.: +30.210.6475600, Fax:+30.210.6475628,

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	Signature
Place and date	
	(for minors, signature of parental authority/legal guardian):
	<u> </u>
	FOR EMBASSY USE ONLY