

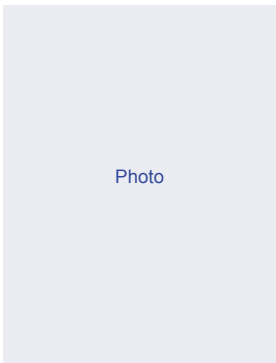


(1)

Harmonised application form

Application for Schengen Visa

This application form is free



Photo

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
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):		Application lodged at:
5. Place of birth:		<input type="checkbox"/> Embassy/consulate
6. Country of birth:		<input type="checkbox"/> Service provider
7. Current nationality:		<input type="checkbox"/> Commercial intermediary
Nationality at birth, if different:		<input type="checkbox"/> Border (Name):
Other nationalities:		-----
8. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		-----
9. Civil status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Registered partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify):		<input type="checkbox"/> Other:
10. Parental authority (in case of minors) / legal guardian (surname, first name, address, if different from applicant's, telephone number, e-mail address, and nationality):		File handled by:
11. National identity number, where applicable:		Supporting documents:
12. Type of travel document: <input 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):		<input type="checkbox"/> Travel document
13. Number of travel document:		<input type="checkbox"/> Means of subsistence
14. Date of issue:		<input type="checkbox"/> Invitation
15. Valid until:		<input type="checkbox"/> TMI
16. Issued by (country):		<input type="checkbox"/> Means of transport
		<input type="checkbox"/> Other:
		Visa decision:
		<input type="checkbox"/> Refused
		<input type="checkbox"/> Issued:
		<input type="checkbox"/> A
		<input type="checkbox"/> C
		<input type="checkbox"/> LTV
		<input type="checkbox"/> Valid:
		From:
		Until:
		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, Liechtenstein and Switzerland.

*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):

Address and e-mail address of inviting person(s) / hotel(s) / temporary accommodation(s):

Telephone number:

*31. Name and address of inviting company/organisation:

Surname, first name, address, telephone number, and e-mail address of contact person in company/organisation:

Telephone number of company/organisation:

*32. Cost of travelling and living during the applicant's stay is covered:

by the applicant himself/herself

by a sponsor (host, company, organisation), please specify:

..... referred to in field 30 or 31

..... other (please specify):

Means of support:

Cash

Traveller's cheques

Credit card

Pre-paid accommodation

Pre-paid transport

Other (please specify):

Means of support:

Cash

Accommodation provided

All expenses covered during the stay

Pre-paid transport

Other (please specify):

33. Surname and first name of the person filling in the application form, if different from the applicant:

Address and email address of the person filling in the application form:

Telephone No:

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:

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 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 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 Ministry for Foreign Affairs of Finland.

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 [contact details: The Office of the Data Protection Ombudsman in Finland (<https://tietosuoja.fi/en/>)] 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 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):