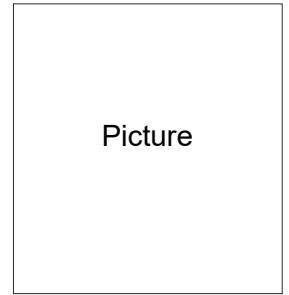


Application for Schengen Visa

This application form is free.

Family members of EU, EEA or CH citizens 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 <input type="text"/>	2. Surname at birth / Former family name(s) <input type="text"/>	
3. First name(s) / Given name(s) <input type="text"/>	4. Date of birth (day-month-year) <input type="text"/>	
5. Place of birth <input type="text"/>	6. Country of birth <input type="text"/>	7. Current nationality <input type="text"/>
Nationality at birth (if different) <input type="text"/>	Other nationalities <input type="text"/>	

8. Gender Male Female

9. Civil status Single Gift Registered partnership Separert Skild Widow(er) Other <input type="text"/>
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10. Parental authority (in case of minors)/legal guardian (surname, first name, address, if different from applicant's, telephone no., email address, and nationality) <input type="text"/>

11. National identity number (where applicable) <input type="text"/>
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12. Type of travel document Ordinary passport Diplomatic passport Service passport Official passport Special passport Other travel document, please specify <input type="text"/>		
13. Number on travel document <input type="text"/>	14. Date of issue <input type="text"/>	15. Valid until <input type="text"/>
16. Issued by (country) <input type="text"/>		

17. Personal data of the family member who is an EU, EEA or CH citizen if applicable

Surname/family name

First name(s) / Given name(s)

Date of birth (dd/mm/yyyy)

Nationality

Number of travel document or ID card

18. Family relationship with an EU, EEA or CH citizen if applicable

Spouse

Child

Grandchild

Supported relative in direct descending/ascending line

Registered partnership

Other family relationship

19. Applicant's home address and email address

Telephone no. applicant

20. Residence in a country other than the country of current nationality

No

Yes. Residence permit or equivalent

Number

Valid until

***21. Current occupation**

***22. Employer or educational establishment**

Name of employer

Employer's address

Employer's telephone number

Name of educational establishment

Educational establishment's address

Educational establishment's phone number

23. Purpose(s) of journey

- | | |
|-----------------|---|
| Tourism | Business |
| Cultural | Visiting family or friends |
| Sports | Official visit |
| Medical reasons | Study |
| Airport transit | Other (please specify) <input type="text"/> |

24. Additional information on purpose of stay

25. Member State of main destination (and other Member States of destination, if applicable)

26. Member State of first entry

27. Number of entries requested

- Single entry
- Two entries
- Multiple entries

Intended date of arrival of the first intended stay in the Schengen area

Intended date of departure from the Schengen area after the first intended stay

28. Fingerprints collected previously for the purpose of applying for a Schengen visa

- No
- Yes

Date, if known

Visa sticker number, if known

29. Entry permit for the final country of destination, where applicable

Issued by

Valid from

Valid to

***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 email address of inviting person(s) / hotel(s) / temporary accommodation(s)

Telephone number to the person inviting

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

Surname, first name, address, phone no., and email address of contact person in company/ organisation

Telephone number of inviting company/organisation

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

by the applicant himself/herself

Means of support

Cash

Traveller's cheques

Credit card

Pre-paid accommodation

Pre-paid transport

Other. Please specify below:

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

Referred to in field 30 or 31

Other type of sponsor support

Means of support sponsor

Cash

Accommodation provided

All expenses covered during the stay

Pre-paid transport

Other. Please specify below:

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.

I'm aware of and consent to a search being made of me in the Schengen Information System (SIS)

when my application is processed.

The authority of the Member State responsible for processing the data is: Utlendingsdirektoratet, Postboks 2098 Vika, 0125 Oslo, Norge. www.udi.no.

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 Datatilsynet, Pb 8177 Dep, 0034 Oslo, Norge. www.datatilsynet.no 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

Date

Your signature or the signature of parental authority/legal guardian, if applicable

For official use only

Date of birth (day/month/year)

Application number

Application lodged at

Embassy/consulate

Service provider

Commercial intermediary

Border name

Other

File handled by

Supporting documents

Travel document

Means of subsistence

Invitation

TMI

Means of transport

Other. Please specify below:

Visa decision

Refused

Issued

A

C

LTV

Valid

From

Until

Number of entries

1

2

Multiple. Number of entry days