

## Harmonized application form Application for Schengen Visa This application form is free<sup>1</sup>

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 (F			
3. First name (s) (Give	Date of application:		
			Application number:
4. Date of birth (day–month - year):	5. Place of birth:	7. Current nationality:	Application lodged at:
	6. Country of birth:	Nationality at birth:	☐ Embassy/consulate ☐ Service provider ☐ Commercial intermediary
		Other nationalities:	□ Border (Name):
			□ Other:
8. Sex:	9. Civil status:		File handled by:
□ Male □ Female	☐ Single ☐ Married ☐ Registered partnership ☐ Separated ☐ Divorced ☐ Widow(er) ☐ Other (please specify):		Supporting documents:  □ Travel documents  □ Means of subsistence  □ Invitation  □ TMI  □ Means of transport  □ Other:
10. Parental authority from applicant's, telep	Visa decision:  □ Refused  □ Issued:  □ A  □ C  □ LTV		
11. National identity number where applicable:			□ Valid: From:
12. Type of travel document:			То:
□ Ordinary passport	□ Diplomatic passport	□ Service passport	Number of entries:  □ 1 □ 2 □ Mult
□ Official passport	□ Special passport □ Ot	ther travel document (please specify):	Number of days:

No logo is required for Norway, Iceland, Liechtenstein and Switzerland

13. Number of travel document:	14. Date of issue:	15. Valid until:	16. Issued by (country):		
17. Personal data of the family m	ember who is an EU, EE	A or CH citizen or an Ul	 K national who is a Withdrawal Agreemen	t	
beneficiary, if applicable:			_		
Surname (Family name):		First name (s) (Given	name (s)):		
Date of birth (day-month-year):	Nationality:	Number of travel document or ID card:			
Date of offitt (day-month-year).	rvationanty.				
18. Family relationship with an E	U, EEA or CH citizen ,or	an UK national who is	a Withdrawal Agreement		
beneficiary, if applicable:	dala:11.d — daman dama a				
□ spouse □ child □ gran	dchild	scendant			
□ registered partnership	□ other				
19. Applicant's home address and	e-mail address:		Telephone no:		
20. Residence in a country other t	han the country of curren	t nationality:			
20. Residence in a country outer of	nan the country of curren	t HadioHality.			
□ No □ Yes					
Residence permit or equivalent.		No	Valid until		
*21. Current ocupation:					
21. Current ocupation.					
*22. Employer and employer's ac	dress and telephone num	her Forstudents name	and address of educational		
establishment:	diess and telephone num	ber. For students, name	and address of educational		
22 Promono(a) of income					
23. Purpose(s) of journey:					
□ tourism □ business □ visiting family or friends □ culture □ sport					
□ official visit □ medical reason □ study □ airport transit □ other (please specify):					
24. Additional information on purpose of stay:					
2 W Lauding and Park	post of stay.				
25.15		0.1.1.1.1.0			
25. Member State of main destina applicable):	ation (and other Member)	States of destination, if	26. Member State of first entry	<i>/</i> :	
27. Number of entries requested:  □ single entry □ two entries □ multiple entries					
2 manaple charles					
Intended date of arrival of the first intended stay in the Schengen area:					
intended date of arrival of the firs	inconded date of arrivar of the first intended stay in the penengen area.				
Torondo data e Cara e Cara	C. C. Ivan	Continue 1 1			
Intended date of departure from the	ie schengen area after the	e mrsi intended stay:			

28. Fingerprints collected previously for the purpose of applying for a Schengen visa:				
	es			
Date, if known	Visa sticker number, if known •••••			
29. Entry permit for the final country of	destination, where applicable:			
	•			
	77.111.0	.21		
Issued by	Valid from	until		
* 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 no:		
*31. Name and address of inviting compa	any/organization:			
or realize and address of inviting compa	and the second s			
Surname, first name, address, telephone company/organisation:	no, and e-mail address of contact person in	Telephone no of company/organisation:		
*32. Cost of travelling and living during	the applicant's stay is covered:			
32. Cost of traverning and fiving during	the applicant 3 stay is covered.			
□ by the applicant himself/herself /	□ by a sponsor (host, company, organisation), please			
Means of support	specify:			
□ cash	□ referred to in field 30 or 31			
□ traveller's cheques	□ other (please specify):			
in traveller's cheques	Means of support			
□ credit card	□ cash			
□ pre-paid accomodation/	□ accomodation provided			
□ pre-paid transport/	-			
	□ all expenses covered during the stay			
□ other (please specify)	□ pre-paid transport			
	□ other (please specify)			

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 Greece responsible for processing the data is:

Ministry of Foreign Affairs, 1 Vas. Sofias Ave., 10671, Athens, Tel.+30 210 3681000, fax +30 210 3681717, www.mfa.gr, e-mail: g04@mfa.gr, st2@mfa.gr.

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 is Hellenic Data Protection Authority, Kifisias str. 1-3, 1st floor, 11523, Athens, tel. +30 210 6475600, fax +30 210 6475628, e-mail: contact@dpa.gr 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):