

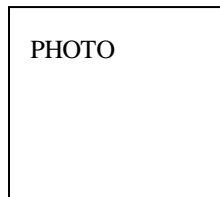


*Consolato Generale d'Italia
Ho Chi Minh*



Application for Schengen Visa

This application form is free



1. Surname (Family name) (x)				<p>For official use only</p> <p>Date of application:</p> <p>Visa application number:</p> <p>Application lodged at</p> <p><input type="checkbox"/> Embassy/consulate</p> <p><input type="checkbox"/> CAC</p> <p><input type="checkbox"/> Service provider</p> <p><input type="checkbox"/> Commercial intermediary</p> <p><input type="checkbox"/> Border</p> <p>Name:</p> <p><input type="checkbox"/> Other</p> <p>File handle by:</p> <p>Supporting documents:</p> <p><input type="checkbox"/> Travel document</p> <p><input type="checkbox"/> Means of subsistence</p> <p><input type="checkbox"/> Invitation</p> <p><input type="checkbox"/> Means of transport</p> <p><input type="checkbox"/> TMI</p> <p><input type="checkbox"/> Other:</p> <p>Visa decision:</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Issued:</p> <p><input type="checkbox"/> A</p> <p><input type="checkbox"/> C</p> <p><input type="checkbox"/> LTV</p> <p><input type="checkbox"/> Valid</p> <p>From</p> <p>Until</p> <p>Number of entries:</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple</p> <p>Number of days:</p>
2. Surname of birth (Former family name(s)) (x)				
3. First name(s) (Given name(s)) (x)				
4. Date of birth (day-month-year)	5. Place of birth	7. Current nationality		
	6. Country of birth	Nationality at birth, if different:		
8. Sex		9. Marital status		
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input 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)		
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian				
11. National identity number, where applicable				
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)				
13. Number of travel document	14. Date of issue	15. Valid until	16. Issue by	
17. Applicant's home address and email address		18. Telephone number(s)		
18. Resident in a country other than the country of the current nationality				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes, Resident permit or equivalentNoValid until				
* 19. Current occupation				
* 20. Employer and employer's address and telephone number. For student, name and address of educational establishment				
21. Main purpose(s) of the journey:				
<input 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)	
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(¹) No logo is required for Norway, Iceland and Switzerland.

22. Member State(s) of destination	23. Member State(s) of first entry	
24. Number of entries requested <input 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	

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 the fields No. 34 and 35.

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

26. Schengen visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from to		
27. Fingerprints collected previously for the purpose of applying for Schengen visa <input type="checkbox"/> No <input type="checkbox"/> Yes Date, if known		
28. Entry permit for the final country of destination, where applicable		
29. Intended date of arrival in Schengen area	30. Intended date of departure from the Schengen area	
* 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)		Telephone and telefax
* 32. Name and address of inviting company/organization		Telephone and telefax of company/ organization
Surname, first name, address, telephone, telefax, and e-mail address of contract person in country/ organization		
* 33. Cost of travelling and living during the applicant's stay covered		
<input type="checkbox"/> by the applicant himself/herself Mean of support <input type="checkbox"/> Cash <input type="checkbox"/> Traveler's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Other (please specify)		<input type="checkbox"/> by a sponsor (host, company, organization), please specify <input type="checkbox"/> referred to in field 31 or 32 <input type="checkbox"/> other (please specify) Mean of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)
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 citizen <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant		
36. Place of birth	37. Signature (for minors, signature of parental authority/ legal guardian)	

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

Application 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 subsequent visits to the territory of Member State.

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 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 purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Member States are fulfilled 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 States responsible for processing the data is: Garante per la Protezione dei Dati Personali, Piazza Montecitorio n.121, Roma, Italia.

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 any 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 [contact details] 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 visa already granted. I have been informed that possession 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 visa 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 (for minors, signature of parental authority/legal guardian):
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⁽¹⁾ In so far as the VIS is operational.