

Photo



Stamp of Embassy or  
Consulate

# Application for Schengen Visa

This application form is free

1. Surname(s) (family name(s))		<b>FOR EMBASSY / CONSULATE USE ONLY</b>  <b>Date application :</b>  <b>File handled by :</b>  <b>Supporting documents:</b> <input type="checkbox"/> Valid passport <input type="checkbox"/> Financial means <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Health insurance <input type="checkbox"/> Other e.g: <input type="checkbox"/> Valid Res. Perm <input type="checkbox"/> Letter from employer <input type="checkbox"/> Payslip <input type="checkbox"/> Hotel reservation  <b>Visa :</b> <input type="checkbox"/> Refused <input type="checkbox"/> Granted  <b>Characteristics of Visa :</b> <input type="checkbox"/> LTV <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> D + C  <b>Number of entries :</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple  Valid from ..... To .....  <b>Valid for :</b> .....  DK
2. Surname(s) at birth (earlier family name(s))		
3. First names (given names)		
4. Date of birth (day-month-year)	5. ID-number (optional)	
6. Place and country of birth		
7. Current nationality/ies	8. Original nationality (nationality at birth)	
9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	10. Marital status : <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	
11. Father's name	12. Mother's name	
13. Type of passport: <input type="checkbox"/> National passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Travel document (1951 Convention) <input type="checkbox"/> Alien's passport <input type="checkbox"/> Seaman's passport <input type="checkbox"/> Other travel document (please specify):		
14. Number of passport	15. Issued by	
16. Date of issue (day-month-year)	17. Valid until (day-month-year)	
18. If you reside in a country other than your country of origin, have you permission to return to that country? <input type="checkbox"/> No <input type="checkbox"/> Yes, (number and validity)		
*19. Current occupation		
*20. Employer and employer's address and telephone number. For students, name and address of school.		

The questions marked with \* do not have to be answered by family members of EU or EEA citizens (spouse, child or dependent ascendant). Family members of EU or EEA citizens have to present documents to prove this relationship.

21. Main destination	22. Type of Visa : <input type="checkbox"/> Airport transit <input type="checkbox"/> Transit <input type="checkbox"/> Short stay <input type="checkbox"/> Long stay	23. Visa : <input type="checkbox"/> Individual <input type="checkbox"/> Collective	FOR EMBASSY / CONSULATE USE ONLY
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries		25. Duration of stay Visa is requested for: _____ days	
26. Other visas (issued during the past three years) and their period of validity			
27. In the case of transit, have you an entry permit for the final country of destination? <input type="checkbox"/> No <input type="checkbox"/> Yes , valid until: _____ Issuing authority: _____			
*28. Previous stays in this or other Schengen states			
29. Purpose of travel <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visit to Family or Friends <input type="checkbox"/> Cultural/Sports <input type="checkbox"/> Official <input type="checkbox"/> Medical reasons <input type="checkbox"/> Other (please specify): _____			
*30. Date of arrival (day-month-year)	*31. Date of departure (day-month-year)		
*32. Border of first entry or transit route	*33. Means of transport		
*34. Name of host or company in the Schengen states and contact person in host company. If not applicable, give name of hotel or temporary address in the Schengen states			
Name		Telephone and telefax	
Full address		e-mail address	
*35. Who is paying for your cost of travelling and for your costs of living during your stay? <input type="checkbox"/> Myself <input type="checkbox"/> Host person/s <input type="checkbox"/> Host company. (State who and how and present corresponding documentation): _____			

DK

