

# Application for Schengen Visa



Photo

**This application form is free**

Stamp Embassy or  
Consulate

<b>1. Surname(s) (family name(s))</b>		<b>FOR EMBASSY / CONSULATE USE ONLY</b> Date application :	
<b>2. Surname(s) at birth (earlier family name(s))</b>			
<b>3. First names</b>			
<b>4. Date of birth (year-month-day)</b>		<b>5. ID-number (optional)</b>	
<b>6. Place and country of birth</b>		<b>File handled by :</b>	
<b>7. Current nationality/ies</b>		<b>8. Original nationality (nationality at birth)</b>	
<b>9. Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>10. Marital status :</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced Widow(er)    Other	
<b>11. Father's name</b>		<b>12. Mother's name</b>	
<b>13. Type of passport:</b> <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):		<input type="checkbox"/> Other	
<b>14. Number of passport</b>	<b>15. Issued by</b>		
<b>16. Date of issue</b>	<b>17. Valid until</b>		
<b>18. If you reside in a country other than your country of origin, have you permission to return to that country?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, (number and validity)			
<b>* 19. Current occupation</b>			
<b>Visa :</b> <input type="checkbox"/> Refused <input type="checkbox"/> Granted			
<b>* 20. Employer and employer's address and telephone number. For students, name and address of school.</b>		<b>Characteristics of Visa :</b>	
<b>21. Main destination</b>		<b>22. Type of Visa :</b> <input type="checkbox"/> Airport transit <input type="checkbox"/> Transit <input type="checkbox"/> Short stay <input type="checkbox"/> Long stay	<b>23. Visa :</b> <input type="checkbox"/> Individual <input type="checkbox"/> Collective
<b>24. Number of entries requested</b> <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries		<b>25. Duration of stay</b> Visa is requested for: days	<b>Number of entries :</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple
<b>26. Other visas (issued during the past three years) and their period of validity</b>		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple	
<b>27. In the case of transit, have you an entry permit for the final country of destination?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, valid until: Issuing authority:		Valid from To	
<b>* 28. Previous stays in this or other Schengen states</b>		Valid for:	

\* 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.

**29. Purpose of travel**

- Tourism  Business  Visit to Family or Friends  Cultural/Sports  Official  
 Medical reasons  Other (please specify):

FOR EMBASSY /  
CONSULATE USE ONLY**\* 30. Date of arrival****\* 31. Date of departure****\* 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?**

- Myself  Host person/s  Host company. (State who and how and present corresponding documentation)

**\* 36. Means of support during your stay**

- Cash  Travellers' cheques  Credit cards  Accommodation Other:

Travel and/or health insurance. Valid until:

**37. Spouse's family name****38. Spouse's family name at birth****39. Spouse's first name****40. Spouse's date of birth****41. Spouse's place of birth****42. Children** (Applications must be submitted separately for each passport)

Name \_\_\_\_\_ First name \_\_\_\_\_ Date of birth \_\_\_\_\_

1

2

3

**43. Personal data of the EU or EEA citizen you depend on. This question should be answered only by family members of EU or EEA citizens.**

Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

Number of passport \_\_\_\_\_

Family relationship :

of an EU or EEA citizen

44. I am aware of and consent to the following. Any personal data concerning me which appear on this visa application form will be supplied to the relevant authorities in the Schengen states and processed by those authorities, if necessary, for the purposes of a decision on my visa application. Such data may be input into, and stored in, databases accessible to the relevant authorities in the various Schengen states.

At my express request, the consular authority processing 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 altered or deleted, in particular, should they be inaccurate, in accordance with the national law of the state concerned.

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 Schengen state which deals with the application.

I undertake to leave the territory of the Schengen states upon 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 Schengen 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 the Schengen Implementing Convention and am thus refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Schengen states.

**45. Applicant's home address****46. Telephone number****47. Place and date****48. Signature (for minors, signature of custodian/guardian)**

**MEDICAL CERTIFICATE FOR WORK PERMIT**  
**CERTIFICAT MEDICAL POUR PERMIS DE TRAVAIL**  
**MEDISCH GETUIGSCHRIFT VOOR WERKVERGUNNING**

The undersigned Doctor in medicine

Le soussigné Docteur en médecine

De ondergetekende Dokter in de geneeskunde

(full name)

Certifies that he/she has examined this day Mr./Mrs./Miss

Certifie avoir examiné ce jour M./Mme./Mlle

Verklaart heden Dhr./Mevr./Mej. te hebben onderzocht

Nationality / nationalité / nationaliteit

Date and place of birth / date et lieu de naissance

datum en plaats van geboorte

Residing at / résidant à / wonende te

**And that, on the basis of a general exam, a serological test and a lung x-ray, he/she has not contracted any contagious or transmittable disease and that nothing in his/her state of health indicates that he/she might be incapacitated in the foreseeable future.**

**Et que, sur base d'un examen général, un examen sérologique et un examen radioscopique des poumons, il/elle n'est atteint(e) d'aucune maladie contagieuse ou transmissible et que rien n'indique que son état de santé le/la rendra inapte au travail dans un avenir proche.**

**En dat, op basis van een algemeen onderzoek, een bloedtest en een x-ray van de longen, hij/zij geen besmettelijke of overdraagbare ziekte heeft en dat niets erop wijst dat hij/zij wegens zijn/haar gezondheidstoestand in de nabije toekomst arbeidsongeslekt zal worden.**

Issued at

Fait le

Opgemaakt op

at

à

te

Signature of doctor

Signature du médecin

Handtekening van de geneesheer

Stamp of doctor's office

Cachet du médecin

Stempel van de geneesheer

*Visa de l'Ambassade ou du Consulat Général*

*Visum van de Ambassade of het Consulaat-Generaal*

À/te \_\_\_\_\_ le/op \_\_\_\_\_

*(Sceau/stempel)*

code 52

The medical certificate should be issued on the doctor's letterhead. For a list of doctors affiliated with the Embassy or the Consulate General, please contact the appropriate consular office. If you choose your family physician, the doctor's signature needs to be notarized. The medical document should be less than 3 months old from the date of your application. The Embassy or Consulate General will also certify the document.