



119031

Photo



# Application for Schengen Visa

This application form is free

Stamp Embassy or Consulate



1. Surname(s) (family name(s))		<b>For embassy/ consulate use only</b>  Date application:  File handled by:  Supported documents: <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:
2. Surname(s) at birth (earlier family name)		
3. First names (given names)		
4. Date of birth (year-month-day)	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	17. Valid until	
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.		
21. Main destination	22. Type of visa: <input type="checkbox"/> Airport transit <input type="checkbox"/> Short stay <input type="checkbox"/> Transit <input type="checkbox"/> Long stay	23. Visa: <input type="checkbox"/> Individual <input type="checkbox"/> Collective
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		

Visa:  
☐ Refused  
☐ Granted  
☐ Rejected

Characteristics of visa:  
☐ LTV  
☐ A  
☐ B  
☐ C  
☐ D  
☐ D + C

Number of entries:  
☐ 1    ☐ 2    ☐ Multiple  
  
Valid from.....  
to.....  
  
Valid for:.....  
.....

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\*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.



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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) .....			<b>For embassy/ consulate use only</b>			
*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 costs 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 present corresponding documentation) .....						
*36. Means of support during your stay <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit cards <input type="checkbox"/> Accomodation <input type="checkbox"/> Other ..... <input type="checkbox"/> 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 (Application <u>must</u> be submitted separately for each passport)						
Name		First name		Date of birth		
1.						
2.						
3.						
43. Personal data of the EU or EAA citizen you depend on. This question should be answered only by family members of EU or EAA citizens.						
Name		First name		Date of birth		
Nationality		Number of passport				
Family relationship <div>of an EU or EEA citizen</div>						
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 neccesary, 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 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 my 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 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)				

\*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.

## Family appendix for applicants – Appendix D

### ? 1 Your personal particulars

Surname, given name	Date of birth
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### ? 2 Personal particulars of your children

Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children



### 3 Personal particulars of your parents

Your father's surname, given name	Date of birth	Citizenship
Your mother's surname, given name	Date of birth	Citizenship
Your parent's home address		
Present temporary address, if any		
Are your parents living together? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### 4 Personal particulars of brothers/sisters

Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to .....	Unmarried <input type="checkbox"/>	No. of children



## Family appendix for applicants – Appendix D

### 1 Your personal particulars

Surname, given name	Date of birth
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### 2 Personal particulars of your children

Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of children

## Instructions on how to fill in this form

### Så fyller du i den här blanketten

#### 1 Your personal particulars

Enter your name and date of birth.

#### 1 Dina personuppgifter

Här ska du fylla i ditt namn och din födelsetid.

#### 2 Your children's particulars

Remember to enter the personal particulars of each of your children. If you have more than 10 children, you can enter their particulars on a separate sheet of paper

and include it with your application. Or you can ask for an extra Family Appendix form. These forms are available at the Swedish embassy/consulate and on the Migration Board's web site [www.migrationsverket.se](http://www.migrationsverket.se).

#### 2 Dina barns personuppgifter

Här fyller du i personuppgifter för alla dina barn. Har du fler än 10 barn kan du skriva deras personuppgifter på ett löst papper som du bifogar ansökan. Du kan också be att få en extra familjebilaga. Den finns på ambassaden/konsulatet och på Migrationsverkets webbplats, [www.migrationsverket.se](http://www.migrationsverket.se).



### 3 Personal particulars of your parents

Your father's surname, given name	Date of birth	Citizenship
Your mother's surname, given name	Date of birth	Citizenship
Your parent's home address		
Present temporary address, if any		
Are your parents living together?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

### 4 Personal particulars of brothers/sisters

Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried	No. of children
Surname, given name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Citizenship
Country of residence	Married to	Unmarried	No. of children

### 3 Your parents' particulars

Enter full particulars.

### 3 Dina föräldrars personuppgifter

Här ska du fylla i samtliga uppgifter.

### 4 Particulars of brothers/sisters (siblings)

Remember to enter the personal particulars of each sibling. If you have more than 11 siblings you can enter their particulars on a separate sheet of paper and include it with your application. Or you can ask for an extra Family Appendix form. These forms are available at the Swedish embassy/consulate and on the Migration Board's web site [www.migrationsverket.se](http://www.migrationsverket.se).

### 4 Dina syskons personuppgifter

Här fyller du i personuppgifter för alla dina syskon. Om du har fler än 11 syskon kan du skriva deras personuppgifter på ett löst papper som du bifogar ansökan. Du kan också be att få en extra familjebilaga. Den finns på ambassaden/konsulatet och på Migrationsverkets webbplats, [www.migrationsverket.se](http://www.migrationsverket.se).