



STAMP

PHOTO

Schengen Visa Application

This application form is free of charge

| | | | | | | | | | | | |
|--|--|--|--|---|--|--|--|-------------------------------------|--|---------------|--|
| 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> <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border <p>Name:</p> <input type="checkbox"/> Other <p>File handled by:</p> <p>Supporting documents:</p> <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Other: <p>Visa decision:</p> <input type="checkbox"/> Refused: <input type="checkbox"/> Issued: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> VTBG <input type="checkbox"/> Valid: From: To: <p>Number of entries:</p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple <p>Number of days:</p> | | | | | | | |
| 2. Surname at 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 <input type="checkbox"/> male <input type="checkbox"/> female | | 9. 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 (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. Issued by | |
| 17. Applicant's home address: | | | | | | | | Telephone number(s) | | | |
| E-mail address: | | | | | | | | | | | |
| 18. Residence in a country other than the country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes Residence permit or equivalent No. Valid until..... | | | | | | | | | | | |
| 19. Current occupation | | | | | | | | | | | |
| *20. Employer and employer's address and telephone number. For students, name and address of educational establishment. | | | | | | | | | | | |

* 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 fields no 34 and 35. (x) Fields 1-3 shall be filled in in accordance with the data in the travel document.

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 (cf. field no 24):

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 visa application; and any personal data concerning me which appear on the 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 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 the Member State responsible for processing the data is: Ministry of Foreign Affairs, Consular Affairs and Migration Policy Department (DCM), Postbus 20061, 2500 EB DEN HAAG.

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 State concerned. The national supervisory authority of that Member State [College Bescherming Persoonsgegevens, Postbus 93374, 2509 AJ DEN HAAG] 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 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): |
|----------------|--|

ⁱ Insofar as the VIS is operational.

Vize başvurumun
İsimli şahıs tarafından yapılmasına izin veriyorum yukarıda ismi geçen şahsın veya ilgili bağlantılı olduğu acentenin Hollanda başkonsolosluğu ile bağlantılı veya anlaşmalı olmadığını bilincindeyim

Tarih

İsim

Soy Ad

Pasaport numarası

İmza

I hereby authorise.....
To handle my visa application I am aware that neither above mentioned person nor the agent he /she is employed by has any agreement or connection with the consulate general of the Netherlands

Date

Name

Surname

Passport number

Signature