

Photo

Stamp of Embassy or
Consulate

Application for Schengen Visa

This application form is free

1. Surname(s) (family name(s)) Фамилия (-и)		FOR EMBASSY / CONSULATE USE ONLY Date application : File handled by : Supporting 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 e.g: <input type="checkbox"/> Valid Res. Perm <input type="checkbox"/> Letter from employer <input type="checkbox"/> Payslip <input type="checkbox"/> Hotel reservation Visa : <input type="checkbox"/> Refused <input type="checkbox"/> Granted Characteristics of Visa : <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 Number of entries : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple Valid from To Valid for :
2. Surname(s) at birth (earlier family name(s)) Бывшие фамилии (при рождении)		
3. First names (given names) Имя и отчество		
4. Date of birth (day-month-year) Дата рождения д/м/г	5. ID-number (optional) № паспорта РФ	
6. Place and country of birth Место и страна рождения		
7. Current nationality/ies Настоящее гражданство	8. Original nationality (nationality at birth) Гражданство при рождении	
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 Ф.И.О. отца	12. Mother's name Ф.И.О. матери	
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 Номер паспорта	15. Issued by Орган, выдавший документ	
16. Date of issue (day-month-year) Дата выдачи (д/м/г)	17. Valid until (day-month-year) Действителен до	
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) Указать номер и срок действия документа		
*19. Current occupation Занимаемая должность		
*20. Employer and employer's address and telephone number. For students, name and address of school. Место работы, адрес и номер телефона. Для студентов, название и адрес учеб. зав.		

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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.

21. Main destination Страна назначения	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 Другие визы (выданные за последние три года) и срок их действия			
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: Да, срок действия по _____ Issuing authority: _____			
*28. Previous stays in this or other Schengen states Предыдущие поездки в эту или другие страны Шенгенского соглашения			
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) Дата въезда (д/м/г)		*31. Date of departure (day-month-year) Дата выезда (д/м/г)	
*32. Border of first entry or transit route Пункт пересечения границы		*33. Means of transport Транспортное средство	
*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 Ф.И.О. или название компании		Telephone and telefax Тел. и. факс	
Full address Полный адрес		e-mail address Адрес электронной почты	
*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): Кто оплачивает расходы по поездке и пребыванию заявителя за рубежом? Я Принимающее лицо Принимающая организация (Ф.И.О, форма оплаты и соответствующие документы)			

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