STAMP

Application for Schengen Visa

This application is free

PHOTO

1. Surname (Family name) (x)			**For official use only**
2. Surname at birth (Former family name(s)) (x)			Dátum prijatia žiadosti:
3. First name(s) (Given name(s)) (x)			Číslo žiadosti:
4. Date of birth (day-month-year)	5. Place of birth 6. Country of birth	7. Current nationality Nationality at birth, if different	Žiadosť podaná: □ na veľvyslanectve/konzuláte □ v spoločnom vízovom centre □ u poskytovateľa služieb □ u sprostredkovateľského subjektu □ na hraniciach
8. Sex □ Male □ Female	9. Marital status □ Single □ Married □ Separated □ Divorced □ Widow(er) □ Other (please specify)		Názov:
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian			□ iné Spis vybavuje:
11. National identity number, where applicable			Sprievodné doklady: □ cestovný doklad □ prostriedky na pokrytie nákladov spojených s pobytom □ pozvanie □ dopravný prostriedok □ cestovné zdravotné poistenie □ iné:
12. Type of travel document □ Ordinary passport □ Diplomatic passport □ Service passport □ Official passport □ Special passport □ 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 and e-mail address	Telephone number(s)		Rozhodnutie o víze: □ zamietnuté □ udelené: □ A □ C □ LTV
18. Residence in a country other than the country of current nationality □ No □ Yes. Residence permit of equivalent …….. No…….. Valid until ……..			
*19. Current occupation			□ Platnosť: Od: Do:
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.			Počet vstupov: □ 1 □ 2 □ viac
21. Main purpose(s) of the journey: □ Tourism □ Business □ Visiting family or friends □ Cultural □ Sports □ Official visit □ Medical reasons □ Study □ Transit □ Airport transit □ Other (please specify)			Počet dní: Iné záznamy: □ vízum zrušené
22. Member State(s) of destination	23. Member State of first visit		□ vízum odvolané
24. Number of entries □ Single entry □ Two entries □ Multiple entries	25. Duration of the intended stay or transit Indicate number of days		

* 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.

26. Schengen visas issued during the past three years
□ No
□ Yes. Date(s) of validity from ..... to .....

27. Fingerprints collected previously for the purpose of applying for a Schengen visa
□ No □ Yes.
Date, if known

28. Entry permit for the final country of destination, where applicable

Issued by ..... Valid from ..... until .....

29. Intended date of arrival in the Schengen area	30. Intended date of departure from the Schengen area

* 31. Surname and first name of the inviting person(s) in the Member State(s). If not applicable, name of hotel(s) of temporary accommodation(s) in the Member State(s)

Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s)	Telephone and telefax

*32. Name and address of inviting company/organisation	Telephone and telefax of company/organisation

Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation

*33. Cost of travelling and living during the applicant's stay is covered

□ by applicant himself/herself	□ by a sponsor (host, company, organisation), please specify .....
Means of support □ Cash □ Traveller's cheques □ Credit card □ Prepaid accommodation □ Prepaid transport □ Other (please specify)	□ referred to in filed 31 or 32 □ Other (please specify) Means of support □ Cash □ Accommodation provided □ All expenses covered □ Prepaid transport □ Other (please specify)

34. Personal data of the family member who is an EU, EEA or CH citizen

Surname		First name(s)
Date of birth	Nationality	Number of travel document of ID card

35. Family relationship with an EU, EEA or CH citizen
□ spouse □ child □ grandchild □ dependant ascendant

36. Place and date	37. Signature (for minors, signature of parental authority/legal guardian)

I am aware that the visa fee is not refunded if 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)** 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 authorities of the Member State responsible for processing the data are: *Ministry of Foreign and European Affairs of the Slovak Republic, Hlboká cesta 2, 833 36 Bratislava* and *Presidium of the Police Force, Border and Alien Police Bureau, Ružinovská 1/B, 812 72 Bratislava 1.*

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 that will hear claims concerning the protection of personal data is: *The Office for Personal Data Protection of the Slovak Republic,* Hraničná 12, 820 07 Bratislava.

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)

** In so far as the VIS is operational.