

RÉPUBLIQUE FRANÇAISE
MINISTÈRE DES AFFAIRES ÉTRANGÈRES
APPLICATION FOR A VISA



CACHET DU POSTE (VILLE)

EMPLACEMENT DU TALON

RÉSERVÉ À L'ADMINISTRATION

DATE :
NUMÉRO DE DEMANDE

ATTENTION Fill out all heading using CAPITAL LETTERS. Your application shall not be processed in case of error or omission.

1. NAME

2. OTHER NAMES (NAME GIVEN AT BIRTH, ASSUMED NAME, PREVIOUS NAMES)

3. FIRST NAMES

4. SEX (*) M F

5. DATE AND PLACE OF BIRTH

D M Y

IN

6. COUNTRY OF BIRTH

7. CURRENT NATIONALITY(IES)

FORMER AND/OR BIRTH NATIONALITY

8. PERSONAL STATUS ; a) (*)

SINGLE

MARRIED

SEPARATED

DIVORCED

WIDOWED

b) HUSBAND/WIFE : NAME
OTHERNAME(S), FIRSTNAME(S)

DATE AND PLACE OF BIRTH

D M Y

NATIONALITY(IES)

IF YOUR HUSBAND/WIFE IS ACCOMPANYING YOU AND HIS/HER NAME HAS BEEN ENTERED IN YOUR TRAVEL DOCUMENT, PLEASE PLACE A CROSS IN THE FOLLOWING BRACKET

c) CHILDREN : (ONLY IF THEY ARE ACCOMPANYING YOU AND HAVE BEEN ENTERED IN YOUR TRAVEL DOCUMENT)

NAME, FIRST NAMES

DATE OF BIRTH

PLACE OF BIRTH

NATIONALITY(IES)

d) NAME AND FIRST NAME(S) OF PARENTS

9. TYPE OF PASSPORT OR TRAVEL DOCUMENT

(*) ORDINARY PASSPORT

OTHER DOCUMENT (EXACT DESIGNATION)

NUMBER

NAME OF ISSUING COUNTRY OR AUTHORITY

ISSUED ON

D

M

Y

IN

VALID UNTIL

D

M

Y

10. PERMANENT ADDRESS

CURRENT ADDRESS
(IN CASE OF TRANSIT OR SHORT STAY)

11. IF YOU HAVE PERMISSION TO RETURN TO YOUR COUNTRY OF DOMICILE

(*) RESIDENCE PERMIT

NUMBER

VALID UNTIL

D

M

Y

RE-ENTRY VISA

NUMBER

VALID UNTIL

D

M

Y

12. TRADE OR PROFESSION

13. EMPLOYER

14. PROFESSIONAL ADDRESS

15. MAIN DESTINATION

BORDER OF FIRST ENTRY
into the territory of the Schengen states

16. PURPOSE OF STAY

17. SPONSOR/HOST IN THE SCHENGEN STATES

NAME OF PERSON/FIRM

ADDRESS

NATIONALITY

18. ADDRESS(ES) DURING YOUR STAY

19. VISA REQUESTED FOR (*) SINGLE ENTRY

2 ENTRIES

SEVERAL ENTRIES

FROM

D

M

Y

TO

D

M

Y

20. COUNTRY OF DESTINATION after your stay in

Do you have an entry permit for the final country of destination ? (*)

YES

NO

IF YES, TYPE

No

VALID UNTIL

ISSUING AUTHORITY

21. MEANS OF SUPPORT DURING YOUR STAY (cash, (traveller's) cheques, credit cards, insurance, especially health insurance, accomodation, ticket, etc.)

22. PREVIOUS STAYS IN SCHENGEN STATES

23. PREVIOUS APPLICATIONS FOR A VISA FILED WITH

date/place of the mission/post

24. INTENDED MEANS OF TRANSPORT (in the case of transit)

25. OTHER INFORMATION

I agree to my personal data on this application form being communicated to the appropriate authorities of the Schengen states if necessary for the issue of a visa.

I declare that to the best of my knowledge the above particulars 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 states.

I undertake to leave the territory of the Schengen states upon the expiry of the visa, if granted.

I realize that possession of a visa is only one of the prerequisites of entry into the territory of the Schengen states.

If entry is refused I will have no claim to compensation.

Law n° 78-17 of Jan. 6, 1978 relative to automated data and the rights of persons allows me the possibility of access to information recorded as regards my application for a visa in order to verify accuracy and have any error corrected.

Request of such access is to be made to the Head of Office.

(*) Put a cross after the heading corresponding to your answer.

Place

Date

Applicant's signature (in the case of minors, signature of parent or guardian)

JUSTIFICATIFS PRÉSENTÉS

TITRE DE SÉJOUR, RESSOURCES, BILLET DE TRANSPORT, HÉBERGEMENT, VISA DE RETOUR, ...

AVIS OU DÉCISION DU POSTE

AVIS OU DÉCISION DES AUTORITÉS

CARACTÉRISTIQUES DU VISA DÉLIVRÉ
(Rayer les mentions inutiles)

A VTA

B TRANSIT

C COURT SÉJOUR

(*) Nombre d'entrée(s)

1

2

MULT.

VALIDITÉ :

DU _____

AU _____

Validité territoriale :

Droits de chancellerie

RECENT PHOTOGRAPH