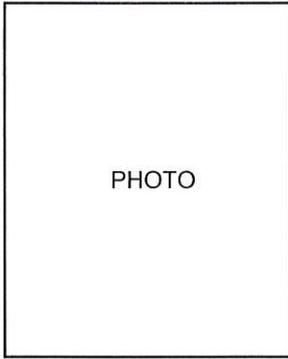




Application for Schengen Visa

This application form is free



1. Surname (Family name) (x)				For official use only Date of application: Visa application number: Application lodged at <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border Name: <input type="checkbox"/> Other	
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 Nationality at birth, if different:		File handled by: Supporting documents: <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:	
6. Country of birth		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 and e-mail address			Telephone number(s)		
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.					
21. Main purpose(s) of the journey: <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reasons <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify)				Visa decision: <input type="checkbox"/> Refused <input type="checkbox"/> Issued: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LTV <input type="checkbox"/> Valid From Until Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple Number of days:	

22. Member State(s) of destination	23. Member State of first entry	
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> 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.

(x) Fields 1-3 shall be filled in in accordance with the data in the travel document.

26. Schengen visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from to		
27. Fingerprints collected previously for the purpose of applying for a Schengen visa <input type="checkbox"/> No <input type="checkbox"/> 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) or 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		
<input type="checkbox"/> by the applicant himself/herself Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)		<input type="checkbox"/> by a sponsor (host, company, organisation), please specify <input type="checkbox"/> referred to in field 31 or 32 <input type="checkbox"/> other (please specify) Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Prepaid transport <input type="checkbox"/> 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 or ID card	
35. Family relationship with an EU, EEA or CH citizen <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent 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 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: [...].

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 [contact details] 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):
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⁽¹⁾ In so far as the VIS is operational.

TO WHOM IT MAY CONCERN

I, **the undersigned**, certify that the person mentioned below as the Third Party, has my full authority to perform all the required procedures to submit my application for a Schengen visa at the Capago Visa Application Centre.

I am equally aware that the Consular authorities may solicit my presence in order for me to have my biometric data captured in the event that my previous biometric data cannot be used for this current application.

APPLICANT INFORMATION	
Surname:	Name(s):
Passport no:	Nationality:
Date of birth:	Mobile no:
Email address:	

Number of last Schengen visa obtained:

Number after VIS mention on your last visa obtained (if applicable):.....

(Details of parents / legal guardians are required for minors):

Mobile no 1:...../Mobile no 2:.....

THIRD PARTY INFORMATION

Surname:...../Name(s):.....

Mobile no:/Email:.....

This proxy form is only valid for this current application and will expire upon the receipt of my passport at completion of this current Schengen visa application.

Place:.....

Date:.....

Signature of Applicant:

TO WHOM IT MAY CONCERN

Place:..... **Date:**.....

We, the undersigned,

Identity of Applicant(s)		
Surname & Name(s)	File ID or Passport no	Applicant Signature

hereby authorize:

Identity of Third Party	
Surname:.....	Name(s):.....
Passport/civil ID no:.....	Mobile no:.....

to collect our passports from Capago International on our behalf.

We understand that Capago is not liable for the delivery of passports by the 3rd party.

Note: No passport can be collected without this mandatory authorization letter and the documents listed below:

- Invoice
- Copy of ID applicant
- Copy of ID 3rd party

TO WHOM IT MAY CONCERN

I, the undersigned,

Identity of Declarant	
Nationality:.....	Address:.....
Surname:.....
Name(s):.....
Date of birth:.....	Province/Region:.....
Place of birth:.....	Post code:.....
Passport/civil ID no:.....	Mobile no:.....
Resident in:.....	Occupation:.....

with the present document declare that the following member of my family

Identity of Member of family	
Nationality:.....	Address:.....
Surname:.....
Name(s):.....
Date of birth:.....	Province/Region:.....
Place of birth:.....	Post code:.....
Passport/civil ID no:.....	Mobile no:.....
Resident in:.....	Occupation:.....

will travel with me /or join me in Europe

For the period from:.....to:.....

For reasons of:.....

Relationship (*Spouse, Child, Dependent parents*):.....

Place:..... **Date:**.....

Signature of Declarant:

TO WHOM IT MAY CONCERN	<input type="checkbox"/> Individual application	<input type="checkbox"/> School Group application
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We, the undersigned,

(Please tick the right box by X)

Identity of Parents or Legal Guardians	
Surname:.....	Surname:.....
Name(s):.....	Name(s):.....
Date of birth:.....	Date of birth:.....
Place of birth:.....	Place of birth:.....
Passport/civil ID/Driver's licence no:	Passport/civil ID/Driver's licence no:
Mobile no:.....	Mobile no:.....
Current residential address:.....	Current residential address:.....
will be travelling with the minor <input type="checkbox"/> Yes <input type="checkbox"/> No	will be travelling with the minor <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature:	Signature:

Identity of Child	
Surname:.....	Name(s):.....
Date of birth:.....	Place of birth:.....
Passport no:.....	Duration of stay:.....
From:.....	To:.....

We furthermore authorise this below mentioned individual to travel with our/my child during this trip.

Surname:.....	Name(s):.....
Nationality:.....	Passport No:.....
(Relationship to Minor):.....	

Additional & Mandatory documents to accompany this letter:

- 1-Unabridged birth certificate;
- 2-Copies of parent's signed passport or a copy of their signed Driver's licence.

If a parent cannot present him/herself at Capago, Affidavit stamped by Competent authorities must be provided giving reasons of absence, granting permission for the minor to travel (stipulate dates of travel) and specify who will accompany the minor on the trip.

<p>To be STAMPED as per specifications on checklist:</p>	
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Place:.....

Date:.....

France - Business general checklist

List of supporting documents

Dear applicant,

Thank you for your interest in applying for a Visa to France. The following information is provided to assist you in lodging your application. You are encouraged to read it carefully and take note of all the information provided. It is important for you to do so, as failure to provide any required documents may affect the processing of your application.

You should lodge your application when you have all the required documents as detailed below.

Applicant Name:

Application tracking number:

Please prepare your documents in the following order

- 1 Passport
- 2 Schengen Application Form
- 3 Color ID Photos (x2)
- 4 Travel Insurance (SS)
- 5 Proof of Accommodation (SS)
- 6 Proof of Transport (SS)
- 7 Proof of Payment
- 8 Proof of Funds
- 9 Professional invitation letter
- 10 Proof of employment

Attached	
Yes	No