

# Application for Schengen Visa



Photo

This application form is free

Stamp Embassy or  
Consulate

1. Surname(s) (family name(s))		<b>FOR EMBASSY / CONSULATE USE ONLY</b> 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
2. Surname(s) at birth (earlier family name(s))		
3. First names		
4. Date of birth (year-month-day)	5. ID-number (optional)	
6. Place and country of birth		
7. Current nationality/ies	8. Original nationality (nationality at birth)	
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 Widow(er) <input type="checkbox"/> Other	
11. Father's name	12. Mother's name	
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	15. Issued by	
16. Date of issue	17. Valid until	
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)		
* 19. Current occupation		Visa : <input type="checkbox"/> Refused <input type="checkbox"/> Granted
* 20. Employer and employer's address and telephone number. For students, name and address of school.		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
21. Main destination	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
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	Number of entries : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple
26. Other visas (issued during the past three years) and their period of validity		
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: _____ Issuing authority: _____		Valid from To
* 28. Previous stays in this or other Schengen states		Valid for :

\* 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.

<b>29. Purpose of travel</b> <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):	FOR EMBASSY / CONSULATE USE ONLY				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><b>* 30. Date of arrival</b></td> <td style="width: 50%; padding: 5px;"><b>* 31. Date of departure</b></td> </tr> <tr> <td style="padding: 5px;"><b>* 32. Border of first entry or transit route</b></td> <td style="padding: 5px;"><b>33. Means of transport</b></td> </tr> </table>	<b>* 30. Date of arrival</b>	<b>* 31. Date of departure</b>	<b>* 32. Border of first entry or transit route</b>	<b>33. Means of transport</b>	
<b>* 30. Date of arrival</b>	<b>* 31. Date of departure</b>				
<b>* 32. Border of first entry or transit route</b>	<b>33. Means of transport</b>				
<b>* 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</b>					
<b>Name</b>	<b>Telephone and telefax</b>				
<b>Full address</b>	<b>e-mail address</b>				
<b>* 35. Who is paying for your cost of travelling and for your costs of living during your stay?</b> <input type="checkbox"/> Myself <input type="checkbox"/> Host person/s <input type="checkbox"/> Host company. (State who and how and present corresponding documentation)					
<b>* 36. Means of support during your stay</b> <input type="checkbox"/> Cash <input type="checkbox"/> Travellers' cheques <input type="checkbox"/> Credit cards <input type="checkbox"/> Accommodation   Other: Travel and/or health insurance. Valid until:					
<b>37. Spouse's family name</b>	<b>38. Spouse's family name at birth</b>				
<b>39. Spouse's first name</b>	<b>40. Spouse's date of birth</b>	<b>41. Spouse's place of birth</b>			
<b>42. Children</b> (Applications <u>must</u> be submitted separately for each passport)					
<b>Name</b>	<b>First name</b>	<b>Date of birth</b>			
1					
2					
3					
<b>43. Personal data of the EU or EEA citizen you depend on. This question should be answered only by family members of EU or EEA citizens.</b>					
<b>Name</b>	<b>First Name</b>				
<b>Date of Birth</b>	<b>Nationality</b>	<b>Number of passport</b>			
<b>Family relationship :</b>					
<b>of an EU or EEA citizen</b>					
<p><small>44. I am aware of and consent to the following: any personal data concerning me which appear on this visa application form will be supplied to the relevant authorities in the Schengen states and processed by those authorities, if necessary, for the purposes of a decision on my visa application. Such data may be input into, and stored in, databases accessible to the relevant authorities in the various Schengen states.</small></p> <p><small>At my express request, the consular authority processing 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 altered or deleted, in particular, should they be inaccurate, in accordance with the national law of the state concerned.</small></p> <p><small>I declare that to the best of my knowledge all particulars supplied by me are correct and complete.</small></p> <p><small>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 state which deals with the application.</small></p> <p><small>I undertake to leave the territory of the Schengen states upon the expiry of the visa, if granted.</small></p> <p><small>I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Schengen 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 the Schengen Implementing Convention and am thus refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Schengen states.</small></p>					
<b>45. Applicant's home address</b>	<b>46. Telephone number</b>				
<b>47. Place and date</b>	<b>48. Signature (for minors, signature of custodian/guardian)</b>				

Je soussigné. ....de nationalité turque  
Aşağıda imzası bulunan ben ..... T.C. vatandaşı

né(e) le ..... à .....  
doğum tarihi ..... doğum yeri .....

détenteur du passeport n°. .... délivré à .....  
Pasaport numaralı ..... verildiği yer .....

le ..... et valable jusqu'au .....  
verildiği tarih ..... ve geçerli olduğu tarih .....

avoir connaissance de l'obligation d'être en possession d'une assurance-maladie en  
voyage pour les séjours ultérieurs dans l'espace Schengen.

Schengen alanında gerçekleşecek ileri tarihlerdeki seyahatler için bir seyahat sağlık  
sigortasına sahip olmak zorunda olduğum bilgisine sahibim.

Date et signature  
Tarih ve İmza