

## **Application for Schengen Visa**

This application form is free

اللقب (اسم العائلة) (family name(s)) (القب (اسم العائلة)		FOR EMBASSY USE ONLY
قبل الزواج) (2. Surname(s) at birth (earlier family name(s))	Date application:	
3. First names (given names) الاسم الأول		File handled by:
مكان وبلد الولادة (السنة-الشهر -اليوم) (السنة-الشهر -اليوم) 4. Date of birth (year-month-day)		Supporting documents:
7. Current nationality/ies الجنسية الحالية Origin	الجنسية عند الولادة (nationality at birth) الجنسية عند الولادة	Valid passport:
		Invitation
ية . Sex الجنس 9. Marital status: أعزب Male نتر Female أنثى Single ذكر Male	الحالة الاجتماع منفصلان Separated متزوج(مة) Married	<ul> <li>Means of transport</li> <li>Hotel/Accommodation</li> </ul>
حالات أخرى Other أرمل(بة ) Widow(er مطلقة Divorced [		Health insurance
اسم الأب 10. Father's name	اسم الأم 10. Mother's name	Other:
يرجى كتابة الرقم المدني (11. ID-number (optional)		Application:
نوع جواز السفر . <b>12. Type of passport:</b> سی Diplomatic passport عادي Ordinary passport	ula du 🗆 Special passport . Ala du	Compl. Incompl.
تي Other travel document (place in the passport في المحدية) Service passport خدمة Other travel document (place in the passport in the passpor	Appl. No:	
رقم جواز السفر 13. Number of passport	تاريخ الإصدار 14. Date of issue	Consultation:
جهة الإصدار 16. Issued by تاريخ الانتهاء 15. Valid until		
رقم التلفون والنقال Telephone number/mobile العنوان الكامل لصاحب الطلب 17. Applicant's home address		
18. If you resident in a country other than your country of نامة) في ذلك الباد ؟ ينع Yes ⊇ كلا No كلا	f origin, have you permission to return to that country? إذا كنت تقيم في بلد غير موطنك الأصلي ، هل لديك تصريح (إق	EKIS
(number and validity)	Sign.:	
المهنة الحالية * 19. Current occupation المهنة الحالية		VISA
20. Employer and employer's address and telephone nu	mber.* For students, name and address of school.	Refused Granted Sign.:
		Ũ
رعلوانها: الغرض من السفر 21. Purpose of travel	عنوان ورقم تلفون جهة العمل. بالنسبة للطلبة: يرجى ذكر اسم المدرسة و	
🔲 Tourism سياحة Business ا		
22. Main destination وجهة السفر الرئيسية 22. Main destination	أغراض أخرى (برجى نكرها): أغراض أخرى (برجى نكرها): 23. Border of first entry or transit route	
عدد السفرات المطلوبة معد السفرات المطلوبة 24. Number of entries requested المعلوبة Single entry المفرة واحدة Two entries المع	عدد الإيام <b>25. Duration of stay</b> متحددة Itiple entries متحددة Visa is requested for: days	Number of entries:
26. Other visas (issued during the past three years) and		
	لثلاث سنوات الأخيرة ومدة صلاحياتها	
27. Have your fingerprints been taken previously for a S	هل تم أخذ بصمات منك سابقا Schengen visa application لطلب الحصول على تأشير ة شنغن	Valid from: 201
متی when بنعم Yes 🔲 کلا No 🗌		
28. In the case of transit, have you an entry permit for the		
No کل ⊻ Yes نعم, valid until: Issuing authority	ديك تأشيرة دخول لاخر بلد في رحلتك؟ التأشيرة صالحة لغاية: الجهة التي أصدرت التأشيرة:	To: 201
	تاريخ المغادرة من الشينغن ate of departure from Schengen	Valid for: days
		-
* The questions marked with * do not have to be answ	vered by family members of EU/EWR citizens (spous	e. child or dependent

" Ine questions marked with " do not have to be answered by family members of EU/EWR citizens (spouse, child or dependent ascendant). Family members of EU/EEA/CH citizens have to present documents to prove this relationship. ascendant). Family members of EU/EEA/CH citizens have to present documents to prove this relationship. يرجى من أفراد عائلة مواطني دول الاتحاد الأوروبي والمجموعة الاقتصادية الأوروبية (زوج(له)، طفل سلف) عدم اجابة الإسئلة المشار اليها بعلامة \* ولكن عليهم تقديم وثائق تثبت نوع صلة القرابة

Photo

* 31. Name of host in the Schengen states.			اسم الشخص الداعي من الشينغن	FOR EMBASSY /						
* 32. Name of company and contact person			اسم الشركة الداعية واسم الشخص المسئول	CONSULATE USE						
If not applicable, give name of hotel or	temporary address	in the Schengen states	وفي حالة عدم توفر ذلك اذكر اسم الفندق أو العنوان المؤقت في دول الشينغن	ONLY						
	tı f			Accentability						
شخص الداعي / اسم الفندق Name of host / hotel	اسم ال	E-mail address	عنوان البريد الالكتروني	Acceptability signed by						
				cigilia by						
Name of company and contact person of c	الشركة الداعية ompany	Telephone and t اسم ا	رقم الهاتف والفاكس elefax	🗌 NEG.						
<u>م</u> ال	الشخص المسئول عن الاتم	واسم		POS.						
العنوان بالكامل Full address		·								
				Visa applied for						
* 33. Who is paying for your cost of travell (State who and how and present correspondi		ats of living during you	من سيدفع تكاليف الرحلة والإقامة ? stay ( (يرجى تقديم ما يثبت ذلك بالوثائق) ؟	□ A.						
(State who and now and present corresponding	ig documentation		(يرجى تعديم & يتبت دلك بالوداني) .							
				File lodged at						
		-	شيكات سياحية Travellers' cheques شيكات سياحية							
			موارد أخرى Other 🗌 بطاقات انتمان Credit cards							
أو الشخص الداعي Host company or person/s	🔟 التسركة الداعية	All costs are paid by Employer/Company/Host		CAC Service						
موارد أخرى Other 🗌			كافة التكاليف مدفوعة من الشركة/	provider						
سفر / تأمين صحي Travel / health insurance			تكاليف الإقامة مدفوعة مسبقا repaid accommodation							
Valid until:	🔲 صالح لغاية :	مسبقا prepaid transport	تكاليف التنقل مدفوعة	intermediary						
34. Personal data of the EU/EEA/CH citiz	en vou depend on	This question should	be answered only	Border (Name)						
		- 1 f in 1 m		☐ Other						
ودول المجموعة الاقتصادية الأوروبية	، من دول الاتحاد الأوروبي	ل هذا السؤال فقط لمن لهم أقرباء	بيانات عن الكثيل الذي يحمل جنسية إحدى دول الا المجموعة الاقتصادية الأوروبية. يتم الإجابة علم	—						
اللقب (اسم العائلة) Name	First Nam	الاسم الأول e								
Date of Birth تاريخ الميلاد Nati	onality الجنسية	Number	رقم جواز السفر of passport							
			for a more that the formation the							
35. Family relationship of EU/EEA/CH citize gill	لأوروبيه كالأ يفيد/ال يفيدة المانطمام مع	, او دول المجموعة الاقتصادية ال محمل محموعة محمل محمل ال	صلة القرابة بأحد مواطني دول الاتحاد الأوروبي أقد ما مقدن معاذل							
g [] لابل / لابت Child [] الروج/الروجه spouse []	_الحقيد (تحقيده anochiid	_ dependent ascendant	الارباع ملحقيل بعال							
I am aware that the visa fee is not refunded if the	e visa is refused.									
Applicable in case a multiple-entry visa is applie	d for (cf. field No.24);									
I am aware of the need to have an adequate tra-	vel medical insurance f	for my first stay and any s	ubsequent visits to the territory of Memb	er States.						
I am aware of and concert to the following the	alloction of the date to	autical by this application	in the tables of the tables of the statements of	d if appliable the						
I am aware of and consent to the following: the or taking of fingerprints, are mandatory for the exa										
				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 Member States and processed by those authorities, for the						
purpose of a decision on my visa application.										
Such data as well as data concerning the decisi	on takon on my applic									
		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								
the authorities competent for carrying out check	into, and stored in the VIS (in so far the VIS is operational) for a maximum period of five year, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visa 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										
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