



Schengen visa QUESTIONNAIRE

1. Surname (Family name) (x)			
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 :	
		6. Country of birth :	
		7. Current nationality :	
		Nationality at birth, if different: :	
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. Travel document number		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 N°..... 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"/> Study <input type="checkbox"/> Medical reasons <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify) :			
22. Member State(s) of destination		22. 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 :	
26. Schengen visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity / / , / /			
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.....			

* The fields marked with * do not need to 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.

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"/> Pre-paid accommodation <input type="checkbox"/> Pre-paid 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"/> Pre-paid 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			