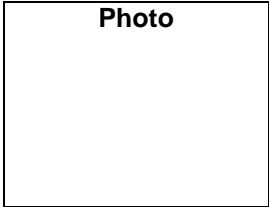




Application for Schengen Visa

This application form is free



1. Surname (Family name) (x)				For official use only					
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		Date of application:			
		6. Country of birth		Nationality at birth, if different				Visa application number:	
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)				Application lodged at			
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian						<input type="checkbox"/> Embassy/consulate			
11. National identity number, where applicable						<input type="checkbox"/> CAC			
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"/> <input type="checkbox"/> Other (please specify)						<input type="checkbox"/> Service provider			
13. Number of travel document		14. Date of issue		15. Valid until		<input type="checkbox"/> Commercial intermediary			
17. Applicant's home address and e-mail address				Telephone number(s)				<input type="checkbox"/> Border	
18. Residence in a country other than that country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes. Resident permit or equivalent No Valid until						Name:			
* 19. Current occupation						<input type="checkbox"/> Other:			
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.						File handled by:			
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)						Supporting documents:			
22. Member State(s) of destination		23. Member state of first entry				<input type="checkbox"/> Travel document			
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				<input type="checkbox"/> Means of subsistence			
26. Schengen visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from to.....						<input type="checkbox"/> Invitation			
27. Fingerprints collected previously for the purpose of applying for a Schengen Visa <input type="checkbox"/> No <input type="checkbox"/> Yes. Date if known.....						<input type="checkbox"/> Means of transport			
						<input type="checkbox"/> TMI			
						<input type="checkbox"/> Other:			
						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:			

The field marked with * shall not be filled in by family members of EU,EEA or CH citizens (spous, 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 accordance with the data in travel document.

28. Entry permit for the final country of destination, where applicable Issued by Valid from Until.....		For official use only
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 traveling and living during the applicant's stay is covered		
<input type="checkbox"/> by the applicant himself/herself <input type="checkbox"/> by the 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"/> Traveler's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <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 State.

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 purpose 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 fulfill 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: The Swedish Migration Board, 601 70 Norrköping, Sweden, www.migrationsverket.se.

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 the 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 national law of the State concerned. The national supervisory authority of that Member State (The Swedish Data Inspection Board, Box 8114, 104 20 Stockholm, Sweden, www.datainspektionen.se) 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 State 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 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 the VIS is operational.

Questionnaire for visa applicants – Appendix A



- Business
 Conference visit



1 Personal particulars

Surname	Date of birth (yr, mth, day)
Given names (in full)	



2 Your stay in Sweden

A. Who took the initiative for your visit to Sweden?

B. Where do you plan to live during your stay in Sweden?

C. Who is paying for your travel to Sweden and for your upkeep during your stay here?

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3 If the application is for a business trip

A. Which company/organization do you represent?

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B. What position do you hold in the company/organization?

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C. What is the company's principal field of activity?

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2 1 0 0 2 2

D. How big is the company? (Turnover, annual profit, number of employees, etc)

E. Is the company part of an international group?

<input type="checkbox"/> No	<input type="checkbox"/> Yes. If yes, state the name of the group:
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F. Has your company previously had any contact with the Swedish company you plan to visit?

<input type="checkbox"/> No	<input type="checkbox"/> Yes. If yes, state when:
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G. Has a representative of your company visited Sweden previously?

<input type="checkbox"/> No	<input type="checkbox"/> Yes. If yes, state who and when:
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H. How important is your visit and what do you expect to get out of it?



4 If the visit is to attend a conference

A. State which conference or other event you intend to take part in

B. In what capacity are you taking part in the conference/event?

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5 Signature

I swear that the information I have given is correct and complete.

Place and date	Signature (for minors etc, signature of custodian/guardian)

Regarding documents to be enclosed with the visa application, please consult the information brochure 'Applying for a Swedish Entry Visa'