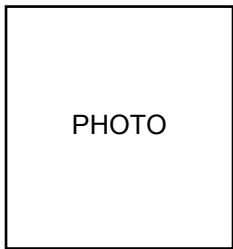




REPUBBLICA ITALIANA
Ambasciata d'Italia Canberra

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 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 trasport <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:
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	
		6. Country of birth	Nationality at birth if different:	
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		9. Martial 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, e-mail address and 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				
21. Main purpose (s) of the journey: <input type="checkbox"/> Religious reason <input type="checkbox"/> Study <input type="checkbox"/> Subordinate employment <input type="checkbox"/> Transit <input type="checkbox"/> Tourism <input type="checkbox"/> Medical treatment <input type="checkbox"/> Sport <input type="checkbox"/> Study <input type="checkbox"/> Diplomatic <input type="checkbox"/> Airport transit <input type="checkbox"/> Business <input type="checkbox"/> Accompanying family member <input type="checkbox"/> By invitation <input type="checkbox"/> Other				

(¹) No logo is required for Norway, Iceland and Switzerland.

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 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 Fax
* 32. Name and address of inviting company/organisation		Telephone and Fax of company/organisation
Surname, first name, address, telephone, fax 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, organization), 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 photography 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 a 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 in 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 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 is responsible for processing the data.

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 the 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 the Member State 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 statement 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 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.