

## Application for Schengen Visa This application is free

PHOTO

STAMP	

1. Surname (Family name) (x)					For official use only			
2. Surname at birth (Former family name(s)) (x)					Dátum prijatia žiadosti:			
3. First name(s) (Given	name(s)) (	x)				Číslo žiadosti:		
4. Date of birth (day-m year)		Place of birth Country of birth		7. Current i	nationality at birth, if different	Žiadosť podaná:  □ na veľvyslanectve/konzuláte  □ v spoločnom vízovom centre  □ u poskytovateľa služieb  □ u sprostredkovateľského subjektu		
8. Sex  □ Marital status □ Male □ Female □ Single □ Married □ Widow(er) □ Other (please specify)					□ na hraniciach Názov:			
10. In the case of minor parental authority/legal		e, first name, add	ress (if differen	t from appli	cant's) and nationality	v of□ iné Spis vybavuje:		
11. National identity number, where applicable  12. Type of travel document  □ Ordinary passport □ Diplomatic passport □ Service passport □ Official passport					Sprievodné doklady:  □ cestovný doklad  □ prostriedky na pokrytie nákladov			
□ Special passport  13. Number of travel de		travel document  . Date of issue		y): lid until	16. Issued by	spojených s pobytom  pozvanie dopravný prostriedok cestovné zdravotné poistenie		
17. Applicant's home address and e-mail address  Telephone number(s)						□ iné:  Rozhodnutie o víze:		
18. Residence in a country other than the country of current nationality  □ No □ Yes. Residence permit of equivalent					□ zamietnuté □ udelené: □ A □ C			
*19. Current occupation	on					□ LTV □ Platnosť:		
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.					Od: Do: Počet vstupov:			
□ Transit □ Air	siness dical reason port transit	<ul><li>□ Visiting fan</li><li>ns □ Study</li><li>□ Other (pleas</li></ul>	e specify)	□ Cultura	•	□ 1 □ 2 □ viac  Počet dní:  Iné záznamy:		
				on of the intended stay or transit		□ vízum zrušené □ vízum odvolané		

<sup>\*</sup> 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.

<sup>(</sup>x) Fields 1-3 shall be filled in accordance with the data in the travel document.

<ul><li>26. Schengen visas issued on</li><li>□ No</li></ul>					
☐ Yes. Date(s) of validity fi	rom	to			
27. Fingerprints collected p  □ No	reviously for the purpos	e of applying for	a Schengen visa		
	Date, if k				
28. Entry permit for the fin	nal country of destination	n, where applicab	le		
Issued by	Valid from		until		
29. Intended date of arrival	l in the Schengen area	30. Intended datarea	te of departure from the Schengen		
* 31. Surname and first nar of hotel(s) of temporary acc			er State(s). If not applicable, name		
Address and e-mail address accommodation(s)	of inviting person(s)/ho	tel(s)/temporary	Telephone and telefax		
*32. Name and address of inviting company/organisation			Telephone and telefax of company/organisation		
*33. Cost of travelling and	living during the applic	ant's stay is cover	red		
□ by applicant himself/hers		·-	sor (host, company, organisation),		
a by approximation, note	<b></b>		ify		
Means of support			o in filed 31 or 32		
□ Cash		□ Other (ple	ease specify)		
<ul><li>□ Traveller's cheques</li><li>□ Credit card</li></ul>					
☐ Prepaid accommodation		Means of su	ipport		
□ Prepaid transport		□ Cash	-FF		
☐ Other (please specify) ☐ Accommodation					
		□ All expenses covered			
			☐ Prepaid transport ☐ Other (please specify)		
		□ Other (nle	ease specify)		
34. Personal data of the far	nily member who is an l				
	mily member who is an l	EU, EEA or CH c	ritizen		
34. Personal data of the far Surname	mily member who is an l		ritizen		
	mily member who is an l	EU, EEA or CH o	ritizen		
Surname	Nationality	EU, EEA or CH c First nam Number	of travel document of ID card		

I am aware that the visa fee is not refunded if 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 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)\*\* 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 on the territory of the Member States are fulfilled, of identifying persons who do not or who no longer fulfil 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 authorities of the Member State responsible for processing the data are: Ministry of Foreign Affairs of the Slovak Republic, Hlboká cesta 2, 833 36 Bratislava and Ministry of Interior of the Slovak Republic, Border and Alien Police Bureau, Vajnorská 25, 812 72 Bratislava.

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 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 the national law of the State concerned. The national supervisory authority of that Member State that will hear claims concerning the protection of personal data is: The Office for Personal Data Protection of the Slovak Republic, Odborárske námestie 3, 817 60 Bratislava.

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 States 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)

<sup>\*\*</sup> In so far as the VIS is operational.