29. Purpose of travel Tourism Business Visit to Family	Erianda C	- Iron-1/Charle	0.00 -1-1		FOR EMBASSY /
Other (please specify):		a a comment	Official	Medical reasons	CONSULATE USE ONLY
Canal Green, y	*****************	• • • • • • • • • • • • • • • • • • • •	**********	********	-
* 30. Date of arrival	0. Date of arrival * 31. Date of departure				g ⁴
* 32. Border of first entry or transit route 33. Means of trans			ort		1
7 2	1				
* 34. Name of host or company in the Schenger of hotel or temporary address in the Schengen	n states and contac	ct person in host co	mpany. If n	ot applicable, give name	1
Name			Teleph	one and telefax	
Full address	10				
run address			e-mail	address	e ,
					, ,
+ 16 Who to position for your cost of town Way	-16				
* 35. Who is paying for your cost of travelling and for your costs of living during your stay? Myself Host person/s Host company. (State who and how and present corresponding					
documentation):					
* 36. Means of support during your stay					
Cash Travellers' cheques Credit cards Accommodation Other:					
Travel and/or health insurance. Valid until:					
37. Spouse's family name		38. Spouse's family name at birth			1
39. Spouse's first name	40. Spouse's dat	e of birth	41 Snouse's	s place of birth	
			чи ороше	s place of on th	41
42. Children (Applications must be submitted sep Name			••		
Name First name Date of birth					
2 3					51.
3					
43. Personal data of the EU or EEA citizen you	depend on. This q	uestion should be a	nswered on	ly by family members	
of EU or EEA citizens. Name First Name					
			egs .		
Date of Birth	Nationality			Number of passport	*** e s
Family relationship : of an EU or EEA citizen					
The second secon		or an	EU or EEA	Citizen	
44. I am aware of and consent to the following: any	y personal data con	cerning me which ap	pear on this	visa application form	
will be supplied to the relevant authorities in the So purposes of a decision on my visa application. Suc					
authorities in the various Schengen states. At my express request, the consular authority process.					
my right to check the personal data concerning me	and have them alte	red or deleted, in par	ticular, shou	ld they be inaccurate, in	
accordance with the national law of the state conce I declare that to the best of my knowledge all partic		me are correct and co	mplete		•
I am aware that any false statements will lead to my	y application being	rejected or to the an	nulment of a	visa already granted	
and may also render me liable to prosecution under I undertake to leave the territory of the Schengen st	tates upon the expir	ry of the visa, if gran	teđ.		
I have been informed that possession of a visa is or Schengen states. The mere fact that a visa has been	nly one of the prere	quisites for entry into	the Europe	an territory of the	
to comply with the relevant provisions of Article 5.	.1 of the Schengen	Implementing Conve	ntion and ar	n thus refused entry.	
The prerequisites for entry will be checked again of 45. Applicant's home address	n entry into the Eur	ropean territory of the	Schengen s	46. Telephone number	
*	4				
47. Place and date		48. Signature (f		enature of	