Application for Schengen Visa

This application form is free

Photo

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
☐ Male ☐ Female

9. Marital status
☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow(er)
☐ 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
☐ Ordinary passport ☐ Diplomatic passport ☐ Service passport ☐ Official passport ☐
☐ Other (please specify)

13. Number of travel document	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 that country of current nationality
☐ No
☐ Yes. Resident 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 establishment.

21. Main purpose(s) of the journey
☐ Tourism ☐ Business ☐ Visiting family or friends ☐ Cultural ☐ Sports
☐ Official visit
☐ Medical reasons
☐ Study ☐ Transit ☐ Airport transit ☐ Other (please specify)

22. Member State(s) of destination	23. Member state of first entry
24. Number of entries requested ☐ Single entry ☐ Two entries ☐ Multiple entries	25. Duration of the intended stay or transit Indicate number of days

26. Schengen visas issued during the past three years
☐ No ☐ Yes. Date(s) of validity from …….. to……

27. Fingerprints collected previously for the purpose of applying for a Schengen Visa
☐ No ☐ Yes. Date if known……

For official use only

Date of application:

Visa application number:

Application lodged at
☐ Embassy/consulate
☐ CAC
☐ Service provider
☐ Commercial intermediary
☐ Border

Name:

☐ Other:

File handled by:

Supporting documents:
☐ Travel document
☐ Means of subsistence
☐ Invitation
☐ Means of transport
☐ TMI
☐ Other:

Visa decision
☐ Refused
☐ Issued:
☐ A
☐ C
☐ LTV

☐ Valid
From……..
Until ……

Number of entries
☐ 1 ☐ 2 ☐ Multiple

Number of days:

The field 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 travel document.

MIGR 119031 rev. 2 201008

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

☐ by the applicant himself/herself

Means of support

☐ Cash
☐ Traveler's cheques
☐ Credit card
☐ Prepaid accommodation
☐ Prepaid transport
☐ Other (please specify)

☐ by the sponsor (host, company, organisation), please specify

..... ☐ referred to in field 31 or 32

..... ☐ other (please specify)

Means of support

☐ Cash
☐ Accommodation provided
☐ All expenses covered during the stay
☐ Prepaid transport
☐ 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

☐ spouse ☐ child …….. ☐ grandchild ☐ 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 indentifying 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)

([1]) In so far the VIS is operational.

239011

Inkom utlandsmyndighet

Migrationsverket

Inkom Migrationsverket

Family details

Appendix to your application

Fylls i av Migrationsverket	
Dossiernummer	Signatur

NOTE! Read this first!

You must here list your (the applicant's) parents, husband/wife/partner, children and siblings. If any child is not your own biological child, you must state your relationship to that child and any half-siblings in section 6: 'Other information'. This form must also be filled in if you are applying for an extension.

You will also find this form and more information on our website www.migrationsverket.se. Please complete the form on a computer if possible, as it makes it easier for us to process your application.

1. My personal details

Surname (Family name) and given name(s)	Date of birth (year, month, day; numbers if any)

2. My husband/wife/partner

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)		Date of birth (yr, mth, day; numbers if any)	Deceased ☐
Citizenship	Previous/other citizenship, if any	Sex ☐ Male ☐ Female	Applying together with me ☐ No ☐ Yes
Country and place of residence	Has children in Sweden ☐ No ☐ Yes, number	Has children in another country ☐ No ☐ Yes, number	

3. My children (☐ I do not have any children)

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex ☐ Male ☐ Female	Applying together with me ☐ No ☐ Yes
Marital status ☐ Single ☐ Married* ☐ Divorced ☐ Partner ☐ Widowed (year:)			
Country and place of residence	Has children in Sweden ☐ No ☐ Yes, number	Has children in another country ☐ No ☐ Yes, number	

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex ☐ Male ☐ Female	Applying together with me ☐ No ☐ Yes
Marital status ☐ Single ☐ Married* ☐ Divorced ☐ Partner ☐ Widowed (year:)			
Country and place of residence	Has children in Sweden ☐ No ☐ Yes, number	Has children in another country ☐ No ☐ Yes, number	

Surname (Family name)	Previous surname(s) (if any)		
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex ☐ Male ☐ Female	Applying together with me ☐ No ☐ Yes
Marital status ☐ Single ☐ Married* ☐ Divorced ☐ Partner ☐ Widowed (year:)			
Country and place of residence		Has children in Sweden ☐ No ☐ Yes, number	Has children in another country ☐ No ☐ Yes, number

Surname (Family name)	Previous surname(s) (if any)		
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex ☐ Male ☐ Female	Applying together with me ☐ No ☐ Yes
Marital status ☐ Single ☐ Married* ☐ Divorced ☐ Partner ☐ Widowed (year:)			
Country and place of residence		Has children in Sweden ☐ No ☐ Yes, number	Has children in another country ☐ No ☐ Yes, number

Surname (Family name)	Previous surname(s) (if any)		
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex ☐ Male ☐ Female	Applying together with me ☐ No ☐ Yes
Marital status ☐ Single ☐ Married* ☐ Divorced ☐ Partner ☐ Widowed (year:)			
Country and place of residence		Has children in Sweden ☐ No ☐ Yes, number	Has children in another country ☐ No ☐ Yes, number

4. My parents

Surname (Family name)	Previous surname(s) (if any)		
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex ☐ Male ☐ Female	Applying together with me ☐ No ☐ Yes
Marital status ☐ Single ☐ Married* ☐ Divorced ☐ Partner ☐ Widowed (year:)			
Country and place of residence		Has children in Sweden ☐ No ☐ Yes, number	Has children in another country ☐ No ☐ Yes, number

Surname (Family name)	Previous surname(s) (if any)		
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex ☐ Male ☐ Female	Applying together with me ☐ No ☐ Yes
Marital status ☐ Single ☐ Married* ☐ Divorced ☐ Partner ☐ Widowed (year:)			
Country and place of residence		Has children in Sweden ☐ No ☐ Yes, number	Has children in another country ☐ No ☐ Yes, number

* Registered partners are counted as married

5. My siblings (☐ I have no siblings)

Surname (Family name)			Previous surname(s) (if any)	
Given name(s) (in full)				Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any		Sex ☐ Male ☐ Female	Applying together with me ☐ No ☐ Yes
Marital status ☐ Single ☐ Married* ☐ Divorced ☐ Partner ☐ Widowed (year:)				
Country and place of residence		Has children in Sweden ☐ No ☐ Yes, number		Has children in another country ☐ No ☐ Yes, number

Surname (Family name)			Previous surname(s) (if any)	
Given name(s) (in full)				Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any		Sex ☐ Male ☐ Female	Applying together with me ☐ No ☐ Yes
Marital status ☐ Single ☐ Married* ☐ Divorced ☐ Partner ☐ Widowed (year:)				
Country and place of residence		Has children in Sweden ☐ No ☐ Yes, number		Has children in another country ☐ No ☐ Yes, number

Surname (Family name)			Previous surname(s) (if any)	
Given name(s) (in full)				Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any		Sex ☐ Male ☐ Female	Applying together with me ☐ No ☐ Yes
Marital status ☐ Single ☐ Married* ☐ Divorced ☐ Partner ☐ Widowed (year:)				
Country and place of residence		Has children in Sweden ☐ No ☐ Yes, number		Has children in another country ☐ No ☐ Yes, number

Surname (Family name)			Previous surname(s) (if any)	
Given name(s) (in full)				Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any		Sex ☐ Male ☐ Female	Applying together with me ☐ No ☐ Yes
Marital status ☐ Single ☐ Married* ☐ Divorced ☐ Partner ☐ Widowed (year:)				
Country and place of residence		Has children in Sweden ☐ No ☐ Yes, number		Has children in another country ☐ No ☐ Yes, number

Surname (Family name)			Previous surname(s) (if any)	
Given name(s) (in full)				Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any		Sex ☐ Male ☐ Female	Applying together with me ☐ No ☐ Yes
Marital status ☐ Single ☐ Married* ☐ Divorced ☐ Partner ☐ Widowed (year:)				
Country and place of residence		Has children in Sweden ☐ No ☐ Yes, number		Has children in another country ☐ No ☐ Yes, number

* Registered partners are counted as married

6. Other information

7. Signature

Place and date	Signature (for minors: guardian's signature)

237011

Inkom utlandsmyndigheten

Migrationsverket

Inkom Migrationsverket

Invitation
and
Questionnaire concerning a person who wishes to visit you in Sweden

To be filled in by persons in Sweden who

- wish to invite relatives or friends from abroad
- are requested to answer questions concerning a person who wishes to visit the country

Fylls i av Migrationsverket	
Dossiernummer	Signatur

NOTE! Read this first!

Inviting relatives or friends to visit you in Sweden

If you wish to invite a relative or friend to visit you, you must fill in this form. Then send it complete with attachments (see below) to your relative or friend. He/she must then submit your form with its attachments together with his/her application documents to a Swedish foreign authority (embassy or equivalent).

Note that some foreign authorities might have special regulations. Check this with the embassy.

Someone wishes to visit you in Sweden

You have received a request from the Migration Board to fill in this form because a person has applied to visit you. He/she has named you as referee.

We begin processing his/her application by asking you to answer the questions in this form within two weeks and send the form complete with attachments to us. Please use an extra piece of paper if necessary. If we do not receive your answer in time, or if it is incomplete, we might decide on the application from the documents we have.

In general

You will also find this form and more information on our website www.migrationsverket.se. Please complete the form on a computer if possible, as it makes it easier for us to process your application.

A. Personal details

Your details (the person who lives in Sweden)

Surname (Family name)	Given name(s) (in full)	Personal identity number
Citizenship	Address	
Daytime telephone number	Email address	

Details regarding your employment (only applies if you are guarantor for the invited person's travel and/or upkeep)

Your profession/ occupation	Your employer	
Employed since	Annual income	Other income (e.g. pension, maintenance, etc.)

The applicant (the person whom you are inviting, or who wants to visit you)

Family name	Given name(s) (in full)	Date of birth (year, month, day)	Dossier no., if any
Previous family name	Citizenship	Present place of residence and country	
Daytime telephone number	Email address		

B. Details of the visit, etc.

When and for how long will the applicant be visiting you in Sweden?
What is the purpose of the visit?
Where will the applicant be living during the visit?
Are any other persons applying for permits at the same time as the applicant? If yes, state name(s) and date(s) of birth.

C. Financial details relating to the visit

Who is paying for the journey to Sweden?	Who is paying the applicant's upkeep during the visit in Sweden? ☐ the applicant ☐ me ☐ another person
If someone else is paying for upkeep during the visit in Sweden, state his/her name here. *(He/she shall show proof of income, assets and any dependants he/she has to support. Salary and other income can be proven by e.g. witnessed copies of pay slips and bank account statements. The information should be included in the applicant's application but can also be included here.)*	

D. Your relationship with the applicant

Are you related to the applicant? If yes, state in what way.
If you are not related, how do you know one another?
How long have you known one another?

E. The personal details of the applicant

Marital status ☐ Single ☐ Married* ☐ Engaged/betrothed ☐ Divorced ☐ Cohabit ☐ Widowed	
State the name of the applicant's husband/wife or partner.	
How does the applicant support him/herself in his/her home country?	Profession/occupation
Employer	Employed since
If the applicant works, is he/she on holiday, leave of absence, or has quitted his/her work?	
If the applicant is studying, has he/she school holidays or a study break?	

* Registered partners are counted as married

Has the applicant been in Sweden before? If yes, state when.	
Does the applicant have relatives who live in Sweden? If yes, state name, age, citizenship and in what way he/she is related to these persons.	
Does the applicant have health and accident insurance for the journey and stay in Sweden?	
Where will he/she travel after visiting Sweden?	Has he/she permission to travel into that country?

F. Other information

G. Documents that you must enclose

☐ Copy of your ID-card, passport or equivalent, which proves your identity.

☐ Certificate of civic registration marked '*Inbjudan*' (invitation) obtainable from the Swedish Tax Office and not older than 3 months.

☐ **For an invitation:** Documents which show the details of your employment or equivalent and annual income (if you are paying for the applicant's journey and/or upkeep while visiting Sweden).

H. Assurance

I solemnly declare that the information that I have provided is true and that I have not knowingly omitted anything that could be of significance in an examination of this application. NOTE: Without a signature this form is invalid.

Place and date

Signature

A person who provides incorrect information in the application, or knowingly omits information that is of importance, can be fined or sentenced to imprisonment. See Chapter 20, section 6, paragraph 2 of the Aliens Act (2005:716).

Proceed as follows:

For an invitation

Fill in the form and send it with its attached documents to the applicant.

When the applicant has given your name as referee/ reference person

Fill in the form and send it with its attached documents to Migrationsverket, 601 70 Norrköping where the application is being processed.

NOTE! Write the dossier number on all attached documents you send to us. You will find the number at the top right corner of the letter that we sent to you.