

Photo



Sticker n.

Italian Consulate in Cape Town
Schengen Visa Application Form
 This application form is free of charge

1. Surname(s) (family name(s))		FOR EMBASSY / CONSULATE USE ONLY Date application : File handled by : Supporting documents: Valid passport Financial means Invitation Means of transport Health insurance Other :
2. Surname(s) at birth (earlier family name(s))		
3. First names (given names)		
4. Date of birth (year-month-day)	5. ID-number (optional)	
6. Place and country of birth		
7. Current nationality/ies	8. Original nationality (nationality at birth)	
9. Sex Male Female	10. 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	
11. Father's name	12. Mother's name	
13. Type of passport: <input type="checkbox"/> National passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Travel document (1951 Convention) <input type="checkbox"/> Alien's passport <input type="checkbox"/> Seaman's passport <input type="checkbox"/> Other travel document (please specify):		
14. Number of passport	15. Issued by	
16. Date of issue	17. Valid until	
18. If you reside in a country other than your country of origin, have you permission to return to that country? No Yes, (number and validity)		
* 19. Current occupation		Visa :
* 20. Employer and employer's address and telephone number. For students, name and address of school.		Refused Granted
21. Main destination		Characteristics of Visa :
22. Type of Visa : <input type="checkbox"/> Airport transit <input type="checkbox"/> Transit <input type="checkbox"/> Short stay <input type="checkbox"/> Long stay <input type="checkbox"/> Individual <input type="checkbox"/> Collective	23. Visa :	
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries		LTV A B C D D + C
25. Duration of stay Visa is requested for: _____ days		Number of entries :
26. Other visas (issued during the past three years) and their period of validity		1 2 Multiple
27. In the case of transit, have you an entry permit for the final country of destination? <input type="checkbox"/> No <input type="checkbox"/> Yes, valid until: _____ Issuing authority: _____		Valid from To
* 28. Previous stays in this or other Schengen states		Valid for :

The questions marked with * do not have to be answered by family members of EU or EEA citizens (spouse, child or dependent ascendant). Family members of EU or EEA citizens have to present documents to prove this relationship.

29. Purpose of travel <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visit to Family or Friends <input type="checkbox"/> Cultural/Sports <input type="checkbox"/> Official <input type="checkbox"/> Medical reasons <input type="checkbox"/> Other (please specify):		FOR EMBASSY / CONSULATE USE ONLY											
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">* 30. Date of arrival</td> <td style="width: 50%;">* 31. Date of departure</td> </tr> <tr> <td>* 32. Border of first entry or transit route</td> <td>33. Means of transport</td> </tr> </table>			* 30. Date of arrival	* 31. Date of departure	* 32. Border of first entry or transit route	33. Means of transport							
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* 34. Name of host or company in the Schengen states and contact person in host company. If not applicable, give name of hotel or temporary address in the Schengen states													
Name	Telephone and telefax												
Full address	e-mail address												
* 35. Who is paying for your cost of travelling and for your costs of living during your stay? <input type="checkbox"/> Myself <input type="checkbox"/> Host person/s <input type="checkbox"/> Host company. (State who and how and present corresponding documentation):.....													
* 36. Means of support during your stay <input type="checkbox"/> Cash <input type="checkbox"/> Travellers' cheques <input type="checkbox"/> Credit cards <input type="checkbox"/> Accommodation <input type="checkbox"/> Other: <input type="checkbox"/> Travel and/or health insurance. Valid until:													
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">37. Spouse's family name</td> <td style="width: 50%;">38. Spouse's family name at birth</td> </tr> <tr> <td>39. Spouse's first name</td> <td>40. Spouse's date of birth</td> </tr> <tr> <td></td> <td>41. Spouse's place of birth</td> </tr> </table>			37. Spouse's family name	38. Spouse's family name at birth	39. Spouse's first name	40. Spouse's date of birth		41. Spouse's place of birth					
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42. Children (Applications <u>must</u> be submitted separately for each passport) <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th style="width: 10%;">Name</th> <th style="width: 40%;">First name</th> <th style="width: 50%;">Date of birth</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> </tbody> </table>		Name	First name	Date of birth	1			2			3		
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1													
2													
3													
43. Personal data of the EU or EEA citizen you depend on. This question should be answered only by family members of EU or EEA citizens. <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">Name</td> <td style="width: 50%;">First Name</td> </tr> <tr> <td>Date of Birth</td> <td>Nationality</td> </tr> <tr> <td></td> <td>Number of passport</td> </tr> </table> <p style="text-align: center; margin-top: 5px;">Family relationship : _____ of an EU or EEA citizen</p>		Name	First Name	Date of Birth	Nationality		Number of passport						
Name	First Name												
Date of Birth	Nationality												
	Number of passport												
<p>44. I am aware of and consent to the following: any personal data concerning me which appear on this visa application form will be supplied to the relevant authorities in the Schengen states and processed by those authorities, if necessary, for the purposes of a decision on my visa application. Such data may be input into, and stored in, databases accessible to the relevant authorities in the various Schengen states.</p> <p>At my express request, the consular authority processing 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 altered or deleted, in particular, should they be inaccurate, in accordance with the national law of the state concerned.</p> <p>I declare that to the best of my knowledge all particulars supplied by me are correct and complete.</p> <p>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 Schengen state which deals with the application.</p> <p>I undertake to leave the territory of the Schengen states upon the expiry of the visa, if granted.</p> <p>I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Schengen 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 the Schengen Implementing Convention and am thus refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Schengen states.</p>													
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">45. Applicant's home address</td> <td style="width: 40%;">46. Telephone number</td> </tr> </table>		45. Applicant's home address	46. Telephone number										
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Signed in front of me this (date).....by
.....

I.D. N.....

(Signature & Official Seal of the receiving Consular Officer, Police Officer or Commissioner of Oaths)

NOTES (OFFICE USE ONLY)

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.....
.....

Date _____

Signature of the Consular Officer _____

RESPONSE:

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(Head of the Visa Section)