



Marina Vize olarak sizin adınıza tüm işlemleri yapıyoruz.

Başvuru formu aşağıdadır.

Başvuru formunu sizin adınıza doldurabiliriz.

**İRTİBAT İÇİN**

0 212 530 04 25

0 212 530 04 31

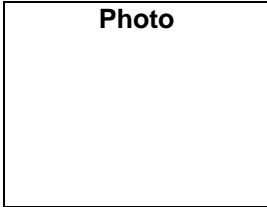
0 538 954 74 58

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# 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			
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		Name:  <input type="checkbox"/> Other:	
		6. Country of birth		Nationality at birth, if different			
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		9. 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 (please specify)				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 transport <input type="checkbox"/> TMI <input type="checkbox"/> Other:	
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"/> <input type="checkbox"/> Other (please specify)						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 .....	
13. Number of travel document		14. Date of issue		15. Valid until			
17. Applicant's home address and e-mail address				Telephone number(s)			
18. Residence in a country other than that country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes. Resident permit or equivalent ..... No ..... Valid until						Number of entries <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple  Number of days:	
* 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 <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reasons  <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify)						24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	
22. Member State(s) of destination			23. Member state of first entry				
25. Duration of the intended stay or transit Indicate number of days							
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.....	
27. Fingerprints collected previously for the purpose of applying for a Schengen Visa <input type="checkbox"/> No <input type="checkbox"/> Yes. Date if known.....							

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.

