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	37 Signati	grandchild	dependent ascendant	<del>- </del>
	Applicant's Signature			
I am aware that the visa fee is not refunded if the visa is refused.  Applicant's Signature				
Applicable in case a multiple-entry visa is applied for (cf. field no 24): Applicant's Signature  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) (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 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 authority of the Member State responsible for processing the data: Ministry of Foreign Affairs, Loretánské náměstí 5, CZ-118 00 Praha 1; Directorate of Alien Police, Olšanská 2, P.O. BOX 78, CZ-130 51 Praha 3 and Ministry of the Interior, Nad Štolou 3, CZ-170 34 Praha 7.  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 dat				
Place and date	8	Signature (for minors, signatu	e of parental authority/legal guardia	
(1) In so far as the VIS is operational				