

Personal data

Surname (Family name): <i>Last Name as per the passport, if no last name, enter the first name</i>	Surname at birth (Former family name(s)):	First name(s) (Given name(s)): <i>First Name, as per the passport</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth (yyyy-mm-dd): <input type="text"/>	Place of birth: <i>Details as per passport</i> <input type="text"/>	Country of birth: -- Please select -- ▼	
Current Nationalities: -- Please select -- ▼	<i>Blank</i> -- Please select -- ▼	<i>Blank</i> -- Please select -- ▼	Nationality at birth, if different: -- Please select -- ▼
Sex: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unspecified	Marital status: -- Please select -- ▼		
<p>In exercising their right to freedom of movement, family members of citizens of the EU, EEA or Switzerland (spouse, child or dependent direct relative in the ascending line) are not obliged to provide information concerning their employment, reference or the financing of their stay. If you belong to this category and you do not wish to provide any information, please select "Yes". You must submit documentary evidence of your family relationship.</p>			
<input type="radio"/> Yes <input checked="" type="radio"/> No			

Parents or legal guardian

Surname (Family name) of Father:	First name(s) (Given name(s) of Father):	Current Nationality of Father:	
<input type="text"/>	<input type="text"/>	-- Please select --	
Surname (Family name) of Mother:	First name(s) (Given name(s) of Mother):	Current Nationality of Mother:	
<input type="text"/>	<input type="text"/>	-- Please select --	
Address of legal guardian:	<input type="text"/>		
<input type="text"/>			

ID number and travel documents

National identity number, where applicable: <i>Leave this Blank</i>			
<input type="text"/>			
Type of travel document:	Travel document number: <i>Passport Number</i>	Date of issue (yyyy-mm-dd):	Valid until (yyyy-mm-dd):
-- Please select --	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issuing state:	Issued by: <i>Mention RPO</i>	Issued in: <i>Place of Issue as mentioned on passport</i>	
-- Please select --	<input type="text"/>	<input type="text"/>	

Applicant's home address and e-mail address

Street:	House number:	Additional address details:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal code:	City:	Country:	
<input type="text"/>	<input type="text"/>	-- Please select --	
Telephone number(s):	E-Mail address:		
<input type="text"/>	<input type="text"/>		

The information as per the residential status in other country has to be filled, if not applicable select No

Residence in a country other than the country of current nationality

Residence in a country other than the country of current nationality:		<i>As per the residential status in other country</i>	
<input type="radio"/> Yes <input type="radio"/> No			
Type of Residence Permit:	Residence permit or equivalent No:	Valid until (yyyy-mm-dd):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Occupation

Current occupation:	Employers name / educational establishment:		
	<i>Name of the Employer/Organisation</i>		
<input type="text" value="-- Please select --"/>	<input type="text"/>		
Street:	House number:	Additional address details:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal code:	City:	Country:	
<input type="text"/>	<input type="text"/>	<input type="text" value="-- Please select --"/>	

Travel data

Main purpose(s) of the journey:	<i>Blank</i>	<i>Blank</i>	If other please specify:
<input type="text" value="-- Please select --"/>	<input type="text" value="-- Please select --"/>	<input type="text" value="-- Please select --"/>	<input type="text"/>
Member State(s) of destination:	<i>Blank</i>	<i>Blank</i>	State of first entry:
<input type="text" value="DEU - Germany"/>	<input type="text" value="-- Please select --"/>	<input type="text" value="-- Please select --"/>	<input type="text" value="DEU - Germany"/>
Intended date of arrival (yyyy-mm-dd):	Intended date of departure (yyyy-mm-dd):	Duration of the intended stay or transit:	Number of entries requested:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-- Please select --"/>
Schengen visas issued during the past three years:	Valid from:	Valid until:	
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	
<i>Format as per passport dd/mm/yyyy</i>			

Biometrics

Fingerprints collected previously for the purpose of applying for a Schengen visa

Yes No

Date, if known:

If yes keep date format dd/mm/yyyy

Entry permit for the final country of destination, where applicable

Type of entry permit:	Type of entry permit, if other:	Number of entry permit:	Final country of destination:
<input type="text" value="-- Please select --"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-- Please select --"/>
Issued by:	Valid from (yyyy-mm-dd):	Valid until (yyyy-mm-dd):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Reference **BUSINESS**

Type of reference:	Name of organisation, company or hotel:		
Inviting organisation/company ▼	<input type="text"/>		
Organization's place of business (town/city):	Organization's place of business (country):	Organization's objectives/area of activity:	
<input type="text"/>	-- Please select -- ▼	-- Please select -- ▼	
Name of register in which the organization is registered:	Location of register:	Registration number:	Hotel reservation number:
-- Please select -- ▼	<input type="text"/> <i>Blank</i>	<input type="text"/> <i>Blank</i>	<input type="text"/>
Surname (Family name) of reference person:	First name(s) (Given name(s)) of reference person:	Date of birth (yyyy-mm-dd):	Place of birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex:	Nationality:	<i>NAME AND ADDRESS AS PER INVITATION LETTER, IF NOT PROVIDED MENTION N/A, MANDATORY TO COMPLETE ALL FIELDS</i>	
-- Please select -- ▼	-- Please select -- ▼		
Street:	House number:	Postal code:	City:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country:	Telephone number(s):	E-Mail address:	
-- Please select -- ▼	<input type="text"/>	<input type="text"/>	
Alternative spellings of surname:	Alternative spellings of forename(s):	Other names:	Former names:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cost of travelling and living during the applicant's stay is covered:			
<input type="checkbox"/> by the applicant himself/herself <input type="checkbox"/> by a third party (host, company, organisation), please specify <input type="checkbox"/> by the reference, see above <input type="checkbox"/> other (see sponsor)			
<i>TICK THE CHECK BOX AS PER THE ACTUAL INFORMATION</i>			

Reference **TOURISM**

Type of reference:	Name of organisation, company or hotel:		
Hotel			
Organization's place of business (town/city):	Organization's place of business (country):	Organization's objectives/area of activity:	Select 08 - Tourism
	-- Please select --	-- Please select --	
Name of register in which the organization is registered:	Location of register:	Registration number:	Hotel reservation number:
-- Please select --			
Surname (Family name) of reference person:	First name(s) (Given name(s)) of reference person:	Date of birth (yyyy-mm-dd):	Place of birth:
Sex:	Nationality:	INFORMATION OF HOTEL BOOKING IN GERMANY, MANDATORY TO COMPLETE ALL FIELDS AND MENTION N/A WHERE NOT APPLICABLE	
-- Please select --	-- Please select --		
Street:	House number:	Postal code:	City:
Country:	Telephone number(s):	E-Mail address:	
-- Please select --			
Alternative spellings of surname:	Alternative spellings of forename(s):	Other names:	Former names:
Cost of travelling and living during the applicant's stay is covered: <ul style="list-style-type: none"> <input type="checkbox"/> by the applicant himself/herself <input type="checkbox"/> by a third party (host, company, organisation), please specify <ul style="list-style-type: none"> <input type="checkbox"/> by the reference, see above <input type="checkbox"/> other (see sponsor) 			
<div style="text-align: right;"> TICK THE CHECK BOX AS PER THE ACTUAL INFORMATION </div>			

Reference **VISIT TO FAMILY & FRIENDS**

Type of reference:	Name of organisation, company or hotel:		
Inviting person			
Organization's place of business (town/city):	Organization's place of business (country):	Organization's objectives/area of activity:	
	-- Please select --	-- Please select --	
Name of register in which the organization is registered:	Location of register:	Registration number:	Hotel reservation number:
-- Please select --			
Surname (Family name) of reference person:	First name(s) (Given name(s)) of reference person:	Date of birth (yyyy-mm-dd):	Place of birth:
Sex:	Nationality:	IT IS MANDATORY TO FILL UP ALL DETAILS OF INVITING PERSON	
-- Please select --	-- Please select --		
Street:	House number:	Postal code:	City:
Country:	Telephone number(s):	E-Mail address:	
-- Please select --			
Alternative spellings of surname:	Alternative spellings of forename(s):	Other names:	Former names:
Cost of travelling and living during the applicant's stay is covered:			
<input type="checkbox"/> by the applicant himself/herself <input type="checkbox"/> by a third party (host, company, organisation), please specify <input type="checkbox"/> by the reference, see above <input type="checkbox"/> other (see sponsor)			
TICK THE CHECK BOX AS PER THE ACTUAL INFORMATION			

Reference TRANSIT VISA

Type of reference:	Name of organisation, company or hotel:		
<input type="text" value="No reference person"/>	<input type="text"/>		
Organization's place of business (town/city):	Organization's place of business (country):	Organization's objectives/area of activity:	
<input type="text"/>	<input type="text" value="-- Please select --"/>	<input type="text" value="-- Please select --"/>	
Name of register in which the organization is registered:	Location of register:	Registration number:	Hotel reservation number:
<input type="text" value="-- Please select --"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname (Family name) of reference person:	First name(s) (Given name(s)) of reference person:	Date of birth (yyyy-mm-dd):	Place of birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex:	Nationality:		
<input type="text" value="-- Please select --"/>	<input type="text" value="-- Please select --"/>		
Street:	House number:	Postal code:	City:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country:	Telephone number(s):	E-Mail address:	
<input type="text" value="-- Please select --"/>	<input type="text"/>	<input type="text"/>	
Alternative spellings of surname:	Alternative spellings of forename(s):	Other names:	Former names:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cost of travelling and living during the applicant's stay is covered:			
<input type="checkbox"/> by the applicant himself/herself			
<input type="checkbox"/> by a third party (host, company, organisation), please specify			
<input type="checkbox"/> by the reference, see above			
<input type="checkbox"/> other (see sponsor)			

Means of support:

- Cash
- Traveller's cheques
- Credit card
- Accommodation provided
- All expenses covered during the stay
- Pre-paid transport
- other (please specify):

TICK THE CHECK BOX AS PER THE ACTUAL INFORMATION

The next field gives information about the details of the person/organization bearing the expenses of the applicant. It will be activated based on the check boxes selected in the reference field. Therefore, it is very important to fill the reference field correctly.

Sponsor, if different from reference

Type of sponsor:	Name of sponsoring organisation/company or the embassy/general consulate:		
-- Please select --			
Organization's place of business (town/city):	Organization's place of business (country):	Organization's objectives/area of activity:	
	-- Please select --	-- Please select --	
Name of register in which the organization is registered:	Location of register:	Registration number:	
-- Please select --			
Surname (Family name) of sponsoring person or the contact person of the sponsoring institution:	First name(s) (Given name(s)) of sponsoring person or the contact person of the sponsoring institution:	Date of birth (yyyy-mm-dd):	Place of birth:
Sex:	Nationality:		
-- Please select --	-- Please select --		
Street:	House number:	Postal code:	City:
Country:	Telephone number(s):	E-Mail address:	
-- Please select --			
Alternative spellings of surname:	Alternative spellings of forename(s):	Other names:	Former names:

Information regarding the citizen of the EU, EEA or Switzerland

Family relationship with an EU, EEA or CH citizen:	Surname (Family name):	First name(s) (Given name(s)):	Date of birth (yyyy-mm-dd):
<input type="text" value="-- Please select --"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Nationality:	Travel document number or ID card number:		
<input type="text" value="-- Please select --"/>	<input type="text"/>		