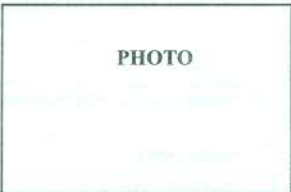


**Ambasciata d'Italia
Accra**



Application for National Visa (D)
This application form is free

1. Surname / (x)			 Spazio riservato all'amministrazione					
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		Data della domanda:			
.....		6. Country of birth /				Numero della domanda di visto:	
8. Sex		9. Marital status /				Domanda presentata presso:			
<input type="checkbox"/> Male / <input type="checkbox"/> Female /		<input type="checkbox"/> Single/..... <input type="checkbox"/> Married/..... <input type="checkbox"/> Separated /..... <input type="checkbox"/> Divorced /..... <input type="checkbox"/> Widow /..... <input type="checkbox"/> Other (please specify) /						<input type="checkbox"/> Ambasciata/Consolato <input type="checkbox"/> Centro comune <input type="checkbox"/> Fornitore di servizi <input type="checkbox"/> Intermediario commerciale <input type="checkbox"/> Altro	
10. In the case of minor: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian /.....									
11. National identity number, where applicable /								Responsabile della pratica:	
12. Type of travel document /								Nome di chi ha ricevuto la pratica allo sportello:	
<input type="checkbox"/> Ordinary passport / <input type="checkbox"/> Diplomatic passport / <input type="checkbox"/> Service passport / <input type="checkbox"/> Official passport / <input type="checkbox"/> Special passport / <input type="checkbox"/> Other travel document (please specify) /								Documenti giustificativi:	
13. Number of travel document /.....		14. Date of issue /		15. Valid until /		16. Issued by /		<input type="checkbox"/> Documento di viaggio <input type="checkbox"/> Mezzi di sussistenza <input type="checkbox"/> Invito <input type="checkbox"/> Mezzi di trasporto <input type="checkbox"/> Assicurazione sanitaria di viaggio <input type="checkbox"/> Altro	
17. Applicant's home address and e-mail address						Telephone number(s) /		Decisione relativa al visto:	
18. Residence in a country other than the country of current nationality/								<input type="checkbox"/> Rifiutato <input type="checkbox"/> Rifiutato per segnalazione SIS non cancellabile. <input type="checkbox"/> Pratica Sospesa <input type="checkbox"/> Rilasciato	
<input type="checkbox"/> No <input type="checkbox"/> Yes Residence permit or equivalent n./..... Valid until								Tipo di visto:	
19. Current occupation /								<input type="checkbox"/> D	
20. Employer and employer's address and telephone number. For students, name and address of educational establishment								<input type="checkbox"/> Valido: dal al	
21. Main purpose(s) of the journey /.....								Numero di ingressi:	
<input type="checkbox"/> Family rejoining/Accompanying spouse <input type="checkbox"/> Religious purpose(s)..... <input type="checkbox"/> Sport/..... <input type="checkbox"/> Mission..... <input type="checkbox"/> Diplomatic <input type="checkbox"/> Medical reasons <input type="checkbox"/> Study/..... <input type="checkbox"/> Adoption..... <input type="checkbox"/> Employment <input type="checkbox"/> Self employment <input type="checkbox"/> Other (please specify)/.....								<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multipli	

(x) Fields 1 to 3 must be filled with information as indicate on the traveling document (field 12).

22. Member State(s) of destination	23. Member State of first entry
24. Number of entries requested <input type="checkbox"/> Single entry /..... <input type="checkbox"/> Two entries /..... <input type="checkbox"/> Multiple entries /.....	25. Duration of the intended stay. Indicate the number of days (max 365 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 /	
28. Number of "Nullaosta" issued for Family reunion/ Accompanying spouse and/or family/ Employment (only if request by the corresponding legislation) / Issued by SUI of /.....	
29. Intended date of arrival in the Schengen area	30. Intended date of departure from the Schengen area (only for visas with validity between 91 and 364 days).
31. Surname and first name of the inviting person which applied for the Family reunion or employer. In case of adoption, Religious purpose(s), Medical reason(s), Sport, Study, Mission: address of temporary residence in Italy.	
Address and e-mail address of the person(s) which applied for family reunion or employer	Telephone and fax number of the person(s) which applied for Family reunion or employer /.....
32. Name and address of the inviting Company/organization /.....	Telephone and fax number of the inviting Company/organization
Surname, name, address, telephone, fax and e-mail address of the contact person of the inviting Company/organization	
33. Cost of travelling and living during the applicant's stay is covered /	
<input type="checkbox"/> by the applicant himself/herself Means of support /..... <input type="checkbox"/> Cash /..... <input type="checkbox"/> Traveller's cheque /..... <input type="checkbox"/> Credit card /..... <input type="checkbox"/> Prepaid accomodation /..... <input type="checkbox"/> Prepaid transport /..... <input type="checkbox"/> Other (please specify) /..... SHALL NOT BE FILLED IN BY APPLICANTS FOR: Family reunion, Accompanying spouse and/or family, Employment/Self employed, Mission, Diplomatic, Adoption.	<input type="checkbox"/> by a sponsor (host, company, organization), please specify/ Referred to in field 31 or 32/ <input type="checkbox"/> Other (specify)/..... Means of support /..... <input type="checkbox"/> Cash /..... <input type="checkbox"/> Accomodation provided / <input type="checkbox"/> All expenses covered during the stay / <input type="checkbox"/> Prepaid transport / <input type="checkbox"/> Other (please specify) /

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Place and date / Telephone numbers /.....	Signature (for minors, signature of parental authority /legal guardian) /
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