

Application for Schengen Visa

This application form is free

Photo



1. Surname(s) (family name(s)) фамилия RABIN			FOR EMBASSY / CONSULATE USE ONLY
2. Surname(s) at birth (earlier family name(s)) девичья или другая, если менялась			
3. First names имя, отчество ANATOLIY IVANOVICH			Date application :
4. Date of birth (year-month-day) дата рождения 1970-05-05			
5. ID-number (optional) 47 09 265984			File handled by :
6. Place and country of birth место рождения CHERKASSY, USSR			
7. Current nationality/ies гражданство RUSSIA			Supporting documents:
8. Original nationality (nationality at birth) гражданство при рождении USSR			
9. Sex пол <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Valid passport <input type="checkbox"/> Financial means <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport
10. Marital status : семейное положение <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced Widow(er) Other			
11. Father's name имя, фамилия отца RABIN LEV			<input type="checkbox"/> Health insurance
12. Mother's name имя, фамилия матери RABINA INNA			
13. Type of passport: тип паспорта <input checked="" 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):			<input type="checkbox"/> Other
14. Number of passport номер паспорта 59N1289435			
15. Issued by орган, выдавший паспорт UVD-098			Visa :
16. Date of issue дата выдачи 26-11-2009			
17. Valid until срок действия 26-11-2014			<input type="checkbox"/> Refused <input type="checkbox"/> Granted
18. If you reside in a country other than your country of origin, have you permission to return to that country? номер и срок действия документа, позволяющего вернуться в РФ <input type="checkbox"/> No <input type="checkbox"/> Yes, (number and validity) (для иностранных граждан)			
* 19. Current occupation занимаемая должность DIRECTOR			Characteristics of Visa :
* 20. Employer and employer's address and telephone number. For students, name and address of school. место работы: название организации, адрес и телефон. для студентов и школьников: название и адрес учебного заведения INNOVATIVE TECHNOLOGIES, Ltd., Moscow, Magadanskaya Str., 29, tel: +7 (059) 159-53-02			
21. Main destination страна основного назначения BELGIUM			<input type="checkbox"/> LTV <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> D + C
22. Type of Visa : тип визы <input type="checkbox"/> Airport transit <input type="checkbox"/> Transit <input checked="" type="checkbox"/> Short stay <input type="checkbox"/> Long stay			
23. Visa : <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Collective			Number of entries :
24. Number of entries requested кол-во въездов <input checked="" type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries			
25. Duration of stay срок действия визы Visa is requested for: 8 days			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple
26. Other visas (issued during the past three years) and their period of validity предыдущие шенгенские визы (за последние 3 года)			
27. In the case of transit, have you an entry permit for the final country of destination? наличие визы <input type="checkbox"/> No <input type="checkbox"/> Yes, valid until: в случае транзита Issuing authority: в страну основного назначения			Valid from To
* 28. Previous stays in this or other Schengen states даты предыдущих въездов в страны шенгенского соглашения			
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 цель визита <input checked="" 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												
* 30. Date of arrival дата въезда 18-12-2009 * 31. Date of departure дата выезда 25-12-2009														
* 32. Border of first entry or transit route страна, через которую вы въезжаете в Шенген BELGIUM 33. Means of transport вид транспорта AVIA														
* 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 приглашающая сторона <table border="1"> <tr> <td> Name название организации и имя контактного лица в Бельгии 777777777777 </td> <td> Telephone and telefax телефон и факс 77777777 </td> </tr> <tr> <td> Full address точный адрес в Бельгии 7777777777777777 </td> <td> e-mail address адрес эл. почты 77777777 </td> </tr> </table>			Name название организации и имя контактного лица в Бельгии 777777777777	Telephone and telefax телефон и факс 77777777	Full address точный адрес в Бельгии 7777777777777777	e-mail address адрес эл. почты 77777777								
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* 35. Who is paying for your cost of travelling and for your costs of living during your stay? <input checked="" type="checkbox"/> Myself <input type="checkbox"/> Host person/s <input type="checkbox"/> Host company. (State who and how and present corresponding documentation) за чей счет финансируется поездка														
* 36. Means of support during your stay финансовые средства на период пребывания <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Travellers' cheques <input checked="" type="checkbox"/> Credit cards <input type="checkbox"/> Accommodation Other: Travel and/or health insurance. Valid until: 03-05-2005														
37. Spouse's family name фамилия мужа (жены) RABIN		38. Spouse's family name at birth девичья фамилия жены ZABAVA												
39. Spouse's first name имя мужа (жены) ELENA ALEXANDROVNA	40. Spouse's date of birth дата рождения мужа (жены) 06-12-1981	41. Spouse's place of birth место рождения мужа (жены) BREST/ USSR												
42. Children (Applications <u>must</u> be submitted separately for each passport) <table border="1"> <thead> <tr> <th>Name</th> <th>First name</th> <th>Date of birth</th> </tr> </thead> <tbody> <tr> <td colspan="3">1 ДЕТИ (ЕСЛИ ВПИСАНЫ В ПАСПОРТ И СОПРОВОЖДАЮТ): ФАМИЛИЯ, ИМЯ, ДАТА РОЖДЕНИЯ, ГРАЖДАНСТВО</td> </tr> <tr> <td colspan="3">2</td> </tr> <tr> <td colspan="3">3</td> </tr> </tbody> </table>			Name	First name	Date of birth	1 ДЕТИ (ЕСЛИ ВПИСАНЫ В ПАСПОРТ И СОПРОВОЖДАЮТ): ФАМИЛИЯ, ИМЯ, ДАТА РОЖДЕНИЯ, ГРАЖДАНСТВО			2			3		
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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. заполняется только членами семьи граждан ЕС <table border="1"> <tr> <td colspan="2">Name</td> <td>First Name</td> </tr> <tr> <td>Date of Birth</td> <td>Nationality</td> <td>Number of passport</td> </tr> <tr> <td colspan="3">Family relationship :</td> </tr> <tr> <td colspan="3">of an EU or EEA citizen</td> </tr> </table>			Name		First Name	Date of Birth	Nationality	Number of passport	Family relationship :			of an EU or EEA citizen		
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Date of Birth	Nationality	Number of passport												
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of an EU or EEA citizen														
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. 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. I declare that to the best of my knowledge all particulars supplied by me are correct and complete. 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. I undertake to leave the territory of the Schengen states upon the expiry of the visa, if granted. 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.														
45. Applicant's home address домашний адрес лица, запрашивающего визу MOSCOW, LETNYAYA STR., 15		46. Telephone number номер телефона +7 093 956 26 05												
47. Place and date место и дата заполнения анкеты MOSCOW, 05/06/2005		48. Signature (for minors, signature of custodian/guardian) Личная подпись												