

Photo

Stamp of Embassy or
Consulate

Application for Schengen Visa

This application form is free

1. Surname(s) (family name(s)) NOSIK Фамилия (-и)		FOR EMBASSY / CONSULATE USE ONLY Date application : File handled by : Supporting documents: <input type="checkbox"/> Valid passport <input type="checkbox"/> Financial means <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Health insurance <input type="checkbox"/> Other e.g: <input type="checkbox"/> Valid Res. Perm <input type="checkbox"/> Letter from employer <input type="checkbox"/> Payslip <input type="checkbox"/> Hotel reservation
2. Surname(s) at birth (earlier family name(s)) Бывшие фамилии (при рождении) -		
3. First names (given names) KIRILL Имя и отчество		
4. Date of birth (day-month-year) Дата рождения д/м/г 1960/12/15	5. ID-number (optional) № паспорта РФ 46 65 851834	
6. Place and country of birth Место и страна рождения GEORGIA/ USSR		
7. Current nationality/ies RUSSIAN FEDERATION Настоящее гражданство	8. Original nationality (nationality at birth) USSR Гражданство при рождении	Visa : <input type="checkbox"/> Refused <input type="checkbox"/> Granted Characteristics of Visa : <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 Number of entries : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple Valid from To Valid for :
9. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	10. Marital status : <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other	
11. Father's name Ф.И.О. отца NOSIK VIKTOR	12. Mother's name Ф.И.О. матери NOSIK VLADA	
13. Type of passport: <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):		
14. Number of passport Номер паспорта 059H4848486	15. Issued by Орган, выдавший документ FMS 023	
16. Date of issue (day-month-year) Дата выдачи (д/м/г) 10-11-2008	17. Valid until (day-month-year) Действителен до 10-11-2013	
18. If you reside in a country other than your country of origin, have you permission to return to that country? <input type="checkbox"/> No <input type="checkbox"/> Yes, (number and validity) Указать номер и срок действия документа		
*19. Current occupation Занимаемая должность GENERAL DIRECTOR		
*20. Employer and employer's address and telephone number. For students, name and address of school. Место работы, адрес и номер телефона. Для студентов, название и адрес учеб. зав. LLC «MOS» RUSSIA, 024565, MOSCOW, KRASNOGVARDEYSKIY BULVAR St, 56-45 TEL.: (499) 125-02-15		

DK

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.

21. Main destination Страна назначения		22. Type of Visa : <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	FOR EMBASSY / CONSULATE USE ONLY
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input checked="" type="checkbox"/> Multiple entries		25. Duration of stay Visa is requested for: 90 days			
26. Other visas (issued during the past three years) and their period of validity Другие визы (выданные за последние три года) и срок их действия N/A					
27. In the case of transit, have you an entry permit for the final country of destination? <input type="checkbox"/> No <input type="checkbox"/> Yes , valid until: Да, срок действия по Issuing authority:					
*28. Previous stays in this or other Schengen states Предыдущие поездки в эту или другие страны Шенгенского соглашения					
29. Purpose of travel <input type="checkbox"/> Tourism <input checked="" 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):					
*30. Date of arrival (day-month-year) Дата въезда (д/м/г) 15-07-2008		*31. Date of departure (day-month-year) Дата выезда (д/м/г) 15-09-2008			
*32. Border of first entry or transit route Пункт пересечения границы Luxembourg		*33. Means of transport Транспортное средство 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					
Name Ф.И.О. или название компании INTERNATIONAL			Telephone and telefax Тел. и. факс		
Full address Полный адрес 20-22 Place De La Gare, B.p. 1683, L-1016 Luxembourg, Luxembourg			e-mail address Адрес электронной почты _____@_____		
*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): Кто оплачивает расходы по поездке и пребыванию заявителя за рубежом? Я Принимающее лицо Принимающая организация (Ф.И.О, форма оплаты и соответствующие документы)					

*36. Means of support during your stay <input checked="checked" type="checkbox"/> Cash <input type="checkbox"/> Travellers' cheques <input checked="checked" type="checkbox"/> Credit cards <input type="checkbox"/> Accommodation <input type="checkbox"/> Other: <input type="checkbox"/> Travel and/or health insurance. Valid until: 03-09-2009			FOR EMBASSY / CONSULATE USE ONLY												
<table border="1"> <tr> <td> 37. Spouse's family name Фамилия супруга/супруги NOSIK </td> <td> 38. Spouse's family name at birth Бывшие фамилии супруга/супруги SOMOVA </td> </tr> </table>				37. Spouse's family name Фамилия супруга/супруги NOSIK	38. Spouse's family name at birth Бывшие фамилии супруга/супруги SOMOVA										
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39. Spouse's first name Имя супруга/супруги BERA	40. Spouse's date of birth (day-month-year) Д.р. супруга 12/11/1977	41. Spouse's place of birth Место рождения супруга GEORGIA/ 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>1</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> </tbody> </table>				Name	First name	Date of birth	1			2			3		
Name	First name	Date of birth													
1															
2															
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.															
Name Фамилия		First Name Имя													
Date of Birth Дата рождения	Nationality Гражданство	Number of passport Номер паспорта													
Family relationship : Родственное отношение к гражданину ЕС или ЕЭЗ <div style="text-align: right;">of an EU or EEA citizen</div>															
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 заявителя 12, SNEZHNYAYA St., Moscow, Russia		46. Telephone number Номер телефона 8-652-123-45-21 8-499-123-45-67													
47. Place and date (day-month-year) Место и дата MOSCOW, 21-07-2008		48. Signature (for minors, signature of custodian/guardian) Подпись (за несовершеннолет. подписывает опекун)													