



Photo

Application for a national visa

This application form is free

Family members of EU, EEA or CH citizens or of UK nationals who are Withdrawal Agreement beneficiaries shall not fill in fields no.21, 22, 30, 31 and 32 (marked with *).

Fields 1-3 shall be filled in in accordance with the data in the travel document.

1. Surname (Family name):			FOR OFFICIAL USE ONLY
2. Surname at birth (Former family name(s)):			Date of application:
3. First name(s) (Given name(s)):			Application number:
Date of birth (day-month-year):	5. Place of birth:	7. Current nationality:	Application lodged at:
	6. Country of birth:	Nationality at birth, if different: Other nationalities:	<input type="checkbox"/> Embassy/consulate <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border (Name): <input type="checkbox"/> Other:
8. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	9. Civil status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Registered Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify):		
10. Parental authority (in case of minors) /legal guardian (surname, first name, address, if different from applicant's, telephone no., e-mail address, and nationality):			
11. National identity number, where applicable:			
12. Type of travel document: <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):			
13. Number of travel document:	14. Date of issue:	15. Valid until:	16. Issued by (country):
17. Personal data of the family member who is an EU, EEA or CH citizen or a UK national who is a Withdrawal Agreement beneficiary, if applicable			
Surname (Family name):		First name(s) (Given name(s)):	
Date of birth (day-month-year):	Nationality:	Number of travel document or ID card:	

18. Family relationship with an EU, EEA or CH citizen or a UK national who is a Withdrawal Agreement beneficiary, if applicable:	
<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant <input type="checkbox"/> Registered Partnership <input type="checkbox"/> other:	
19. Applicant's home address and e-mail address:	Telephone no.:
20. Residence in a country other than the country of current nationality:	
<input type="checkbox"/> No Yes. Residence permit or equivalent No. Valid until.....	
*21. Current occupation:	
* 22. Employer and employer's address and telephone number. For students, name and address of educational establishment:	
23. Purpose(s) of the journey:	
<input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reasons <input type="checkbox"/> Study <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify):	
24. Additional information on purpose of stay:	
25. Member State of main destination (and other Member States of destination, if applicable):	26. Member State of first entry:
27. Number of entries requested:	
<input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	
Intended date of arrival of the first intended stay in the Schengen area:	
Intended date of departure from the Schengen area after the first intended stay:	
28. Fingerprints collected previously for the purpose of applying for a Schengen visa:	
<input type="checkbox"/> No <input type="checkbox"/> Yes Date, if known Visa sticker number, if known	
29. Entry permit for the final country of destination, where applicable:	
Issued by Valid from until	
*30. Surname and first name of the inviting person(s) in the Member State(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the Member State(s):	
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s):	Telephone no.:
*31. Name and address of inviting company/organisation:	

Surname, first name, address, telephone no., and e-mail address of contact person in company/organisation:	Telephone no. of company/organisation:	
<p>*32. Cost of travelling and living during the applicant's stay is covered:</p> <table border="1"> <tr> <td> <input type="checkbox"/> by the applicant himself/herself Means of support: <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Pre-paid accommodation <input type="checkbox"/> Pre-paid transport Other (please specify): <input type="checkbox"/> by a sponsor (host, company, organisation), please specify: <input type="checkbox"/> referred to in field 30 or 31 <input type="checkbox"/> other (please specify): Means of support: <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify): </td> </tr> </table>		<input type="checkbox"/> by the applicant himself/herself Means of support: <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Pre-paid accommodation <input type="checkbox"/> Pre-paid transport Other (please specify): <input type="checkbox"/> by a sponsor (host, company, organisation), please specify: <input type="checkbox"/> referred to in field 30 or 31 <input type="checkbox"/> other (please specify): Means of support: <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify):
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<p>I am aware that the visa fee is not refunded if the visa is refused.</p> <p>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 application; and any personal data concerning me which appear on the application form, as well as my fingerprints and my photograph will be processed for the purposes of a decision on my application.</p> <p>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 national Information System 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, immigration and asylum authorities for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory 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.</p> <p>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.</p> <p>The authority of the Member State responsible for processing the data is: Ministère des Affaires Etrangères et européennes, de la Défense, de la Coopération et du Commerce extérieur, Bureau des Passeports, visas et légalisations 6 rue de l'Ancien Athénée, L-1144 Luxembourg service.visas@mae.etat.lu .</p> <p>Contact details of the data protection officer: dataprotection.mae@mae.etat.lu .</p> <p>I am aware that I have the right to obtain notification of the data relating to me recorded in the national information system, and to request that data relating to me, which are inaccurate, be corrected and that data relating to me processed unlawfully be deleted. At my express request, the Luxembourg authority examining 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 corrected or deleted, including the related remedies according to the national law.</p> <p>The national supervisory authority of the Grand Duchy of Luxembourg will hear claims concerning the protection of personal data: Commission Nationale pour la Protection des données, 15 Boulevard du Jazz, L-4370 Belvaux, https://cnpd.public.lu/en/support/contact.html https://cnpd.public.lu/en.html .</p> <p>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 Luxembourg law.</p> <p>I undertake to leave the territory of the Grand Duchy of Luxembourg before the expiry of the visa if granted and if applicable, in the absence of any other residence permit allowing me to reside there legally. I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory and the Grand Duchy of Luxembourg. The mere fact that a visa has been granted does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 6(1) of Regulation (EU) No 2016/399 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the territory of the European Union's Member States under the above-mentioned provisions.</p>		
Place and date:	Signature (signature of parental authority/legal guardian, if applicable):	