



Italian embassy
Application for Schengen Visa



This application form is free

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| PHOTO |
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| 1. Surname NAME | | FOR OFFICIAL USE ONLY Date of application Visa application number: Application lodged at <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border Name: <input type="checkbox"/> Other File handled by: Supporting documents: <input type="checkbox"/> Travel documents <input type="checkbox"/> Means of support <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Other Visa decision: <input type="checkbox"/> Refused <input type="checkbox"/> Issued <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> VTL <input type="checkbox"/> Valid: From Date(s) of validity to Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple Number of days: |
| 2. Surname at birth Nmae | | |
| 3. Name Name Name | | |
| 4. Date of birth 2001-09-14 | 5. Place of birth Jeddah | |
| 6. Country of birth SAU - SAUDI ARABIA | | |
| 7. Current nationality SAU - SAUDI ARABIA | | |
| 7. Nationality at birth, if different SAU - SAUDI ARABIA | | |
| 8. Sex Male | 9. Marital status | |
| In the case of minors: informations about the parental authority / legal guardian | | |
| 10. Surname Surname | 10. Name First Name | |
| 10. Address (if different from the applicant's) Address | | |
| 10. POSTAL CODE 00000 | 10. City City | |
| 10. Country SAU - SAUDI ARABIA | | |
| 10. Phone 000000000 | 10. Fax | |
| 10. Email Email@g mail.c om | | |
| 10. Nationality SAU - SAUDI ARABIA | | |
| 11. National Identity Number, where applicable 7897689689 | | |
| 12. Document type ORDINARY PASSPORT | | |
| 13. Number of Travel Document 87976t890789 | | |
| 14. Date of issue 2020-01-27 | 15. Valid until 2022-06-22 | |
| 16. Issued by SAU - SAUDI ARABIA | | |
| Applicant's home address | | |
| 17. Address Adress | | |
| 17. POSTAL CODE 00000 | 17. Phone 000000000 | 17. Fax |

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| 17. Country SAU - SAUDI ARABIA | | 17. City City | |
| 17. Email Email@g mail.c om | | | |
| 18. Residence in a country other than the country of current nationality No | | | |
| 18. Residence permit or equivalent Fdfgstg | | | |
| 18. Valid until 2020-06-19 | | 18. Number 4543636 | |
| 19. Current occupation ARTISANS | | | |
| Employer | | | |
| 20. Name | | | |
| 20. Address Adress | | | |
| 20. POSTAL CODE 00000 | | 20. City City | |
| 20. Country SAU - SAUDI ARABIA | | | |
| 20. Phone | | 20. Fax | |
| 20. Email | | | |
| 23. Member State of first entry ITA - ITALY | | | |
| 21. Main purpose of the journey Tourism | | | |
| 21. Other purpose(s) of the journey | | | |
| 22. Member State(s) of destination ITALY | | 24. Number of entries required Multiple | |
| 25. Duration of the intended stay or transit. Indicate the number of days 15 | | | |
| 26. Schengen visas issued during the last three years No | | | |
| 26. Sticker, if known | 26. Date(s) of validity from | 26. Date(s) of validity to | |
| 27. Fingerprints collected previously for the purpose of applying for a Schengen visa No | | | |
| 27. Date, if known | | 27. Sticker, if known | |

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| 28. Authorization of entry into the country of final destination issued by | | |
| 28. Valid from | 28. Date(s) of validity to | |
| 29. Intended date of arrival in the Schengen area 2020-02-12 | 30. Schengen departure date 2020-02-26 | |
| Informations about the inviting person(s). If not applicable, name of hotel(s) or temporary accomodation(s) in the Member State(s) | | |
| 31. Surname of the inviting person | | |
| 31. Name of the inviting person | 31. Date of birth of the inviting person | 31. Province of the inviting person |
| 31. Address of the inviting person | | 31. POSTAL CODE of the inviting person |
| 31. Phone of the inviting person | 31. Fax of the inviting person | 31. City of the inviting person |
| 31. Email of the inviting person | | |
| 31. Inviting company Name | | |
| 31. Province of the inviting company AP - Ascoli Piceno | 31. Phone of the inviting company 0000000000 | |
| 31. City of the inviting company City | 31. Fax of the inviting company | |
| 31. Address of the inviting company Rtyurtyu | 31. POSTAL CODE of the inviting company 643567 | |
| 31. Email of the inviting company Email@g mail.c om | | |
| Invitation | | |
| 32. Name | | |
| 32. Address | | |
| 32. POSTAL CODE | 32. City | 32. Province |
| 32. Phone | | 32. Fax |
| 32. Email | | |
| Contact person in company / organization (if applicable) | | |
| 32. Surname | | |
| 32. Name | | 32. Address |
| 32. Phone | | 32. Fax |
| 32. Email | | |
| 33. The applicant's travel and subsistence expenses are charged Oneself | | |
| 33. Means of support Prepaid Trip | | |

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| 34. Surname of EU, EEA or CH citizen | 34. First Name of EU, EEA or CH citizen | |
| 34. Date of birth of EU, EEA or CH citizen | 34. Nationality of EU, EEA or CH citizen | |
| 34. Travel document number or ID card number of EU, EEA or CH citizen | | |
| 35. Family constraint with an EU, EEA or CH citizen Child | | |
| 36. Place and date | 37. Signature (for minors, signature of parental authority/legal guardian): | |
| I am aware that the visa fee is not refunded if the visa is refused | | |

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| Applicable in case a multiple-entry visa is applied for (cf. field no 24): (_____ 24): I am aware of the need to have an adequate travel medical insurance for my first stay and any subsequent visits to the territory of member States. |
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| <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 involve my application being rejected or to the annulment of a visa already granted and may result in prosecution under the law of the Member State that process the application</p> <p>I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I am aware that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere granting of a visa does not entitle me to compensation if I fail to fulfil the conditions of Article 5 , paragraph 1, of the Council Regulation n. 562/2006 (Schengen Borders Code) and I am thus refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.</p> <p>I declare that I have read and understood the information note on the protection of personal data concerning the issue of an entry visa to Italy and to the Schengen area, in accordance with the General Data Protection Regulation (EU) 2016/679</p> | |
| 36. Place and date | 37. Signature (for minors, signature of parental authority/legal guardian): |

Appendix for Application for Schengen Visa

Please do also bring this page when applying for a visa.
It contains your entries in a machine-readable format.

Barcode 1

