

l A	Application for Schengen Visa This application is free			FOTO	
1. Surname (Family name) (x)				FOR OFFICIAL USE ONLY
2. Surname at birth (Forn	ner family name(s)) (x)				Date of application:
3. First name(s) (Given na	me(s)) (x)				Visa application number:
4. Date of birth (day-mour year)	nth- 5. Place of birth	1	7. Current nationality		Application lodge at Embassy/consulate
	6. Country of b	irth	Nacionality at birth, if dif	fferent:	□ CAC □ em Prestadores de serviços □ em Intermediários comerciais □ na fronteira
8. Sex ☐ Male ☐ Feminino		Marital status Single □ Marr Vidow(er)	ied □ Separated □ Other (please specify)	□ Divorced	Name: □ Other
parental authority/legal gr	uardian	uuress (ii uiirereiii	t from apllicant's) and nati	onancy of	File handled by: Supporting documents: Travel document Means of subsistence Invitation Means of transport TMI
12. Type of travel document: ☐ Ordinary passport ☐ Diplomatic passport ☐ Service passport ☐ Official passport ☐ Special passport ☐ Other travel document (please specify):				□ Other: Visa decision: □ Refused □ Issued: □ A □ C □ LVT	
13. Number of travel document	14. Date of issue	15. Valid until	16. Issued by		□ Valid: From Until
17. Applican'ts home add	ress and e _{-mail} address	;	Telephone number(s)		Number of entries: □ 1 □ 2 □ Multiple
18. Residence in a country □ Não □ Yes. Residence permit or * 19. Current ocupation	·		ality NoValid u	ntil	Number of days:

* 20. Employer and employer's address and telephone educational establishment.	e number. Fo	r students, name and address of		
21. Main purpose(s) of the journey: ☐ Tourism ☐ Business ☐ Visiting family or frien ☐ Medical reasons ☐ Study ☐ Transit ☐ Airpo		Cultural □ Sports □ Official visit □ Other (please specify)		
22. Member State(s) of destination	23. Member	State of first entry		
24. Number of entries requested	25. Duration	of the intended stay or transit		
☐ Single entry ☐ Two entries ☐ Multiple entries	Indicate num	ber of days		
* The fields marked with * shall not be filled in by fan while exercising their right to free movement. Family relationship and fill in fields No 34 and 35. (x) Fields 1-3 shall be filled in in accordance with the	members of l	EU, EEA or CH citizens shall present docu	=	nt)
26. Schengen visas issued during the past three years	uata III tile ti	avei document.		
□ No				
☐ Yes. Date of validity from a				
27. Fingerprints collected previously for the purpose ☐ No ☐ Yes. Date, if known	of applying fo	r a Schengen visa		
28. Entry permit for the final country of destination,	where apllica	ble		
Issued byvalid fro 29. Intended date of arrival in the Schengen area		tolate of departure from the Schengen area		
* 31. Surname and first name of the inviting person(s or temporary accommodation(s) in the Member State		per State(s). If not applicable, name of hot	tel(s)	
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s)		Telephone and telefax		
*32. Name and address of inviting company/organization		Telephone and telefax of comp./organizat	tion	
Surname, first name, address, telephone, telefax, and	e-mail addres	 ss of contact person in company/organizat	tion	
*33. Cost of travelling and living during the applican	t's stay is cov	ered		
□ by the applicant himself/herself		☐ by a sponsor (host, company, organization please specify	on),	
		□ referred to in field 31 or 32		
Means of support		□ others (please specify):		
□ Cash □ Traveller's cheques		Means of support		
☐ Credit card		Cash		
☐ Prepaid accommodation		☐ Accommodation provided ☐ All expenses covered during the stay		
□ Prepaid transport		☐ Prepaid transport		
☐ Other (pls. specify):		Under (pls. specify):		

34. Personal data of teh family member who is an EU, EEA or CH citizen			
Surname	First name((s)	
Date of birth N	lationality	Number of travel document or ID card	
35. Family relationship with na EU, EEA of □ Spouse □ Child □ Grandchild □ □			
	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.

Applicable in case a multiple-entry visa is applied for (cf. field No 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.

I am aware of and consent to the folowing: the collection of the data required by the application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and my personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on my visa application.

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 Visa Information System (VIS)¹ for a maximum period of five years, during which it will be accessibled to the visa authorities and the authorities competent for carrying out checks on visas at external borders and within the Member States, immigration and asylum authorities in the Member State for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Member States 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. Under certain conditions the data will be also available to designated authorities of the Member States and to Europol for the purpose of prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Member State responsible for processing the data is the Directorate General for the Consular Affairs and the Portuguese Communities (DGACCP).

I am aware that i have the rigth to obtain in any of the Member States notification of the data relating to me recorded in the VIS and of the Member State Which transmitted the data, 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 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 of the State concerned. The national supervisory authority [Portuguese Data Protection Commission (CNPD) – Rua de São Bento nº. 148 – 3°, 1200-821 Lisboa – www.cnpd.pt] will hear claims concerning the protection of personal data.

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 Member State which deals with the application.

I undertake to leave the territory of the Member States before 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 Member 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 revelant provisions of Article 5(1) of Regulation (EC) No 562/2006 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.

Signature (for minors, signature of parental authority/legal guardian):

In so far as the VIS is operational.

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Surname	Firs	t name(s)
Date of birth	Nationality	Number of travel document or ID card
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36. Place and date	37. Signature (for minors, signa	ature of parental authority/legal guardian):

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