

Ваша фотография

Образец заполнения анкеты на Шенген

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Stamp of authority
issuing visa

1. Surname (s) (family name(s)) NOSIK		For official use only: Data złożenia wniosku: Przyjmujący wniosek: Dodatkowe dokumenty: € Ważny dokument podróży € Środki finansowe € Zaproszenie € Środek transportu € Ubezpieczenie zdrowotne € Inne:	
2. Surname(s) at birth (earlier family name(s)) -			
3. First name(s) Yaugen			
4. Date of birth (year-month-day) 1991-01-25	5. Number of ID document (optional) 25 02 265158		
6. Place and country of birth GEORGIA/ USSR			
7. Current nationality/ies RUSSIAN FEDERATION	8. Original nationality (nationality at birth) RUSSIAN FEDERATION или USSR если до 1991		
9. Sex <input checked="" type="checkbox"/> Male € Female	10. Marital status € Single <input checked="" type="checkbox"/> Married € Separated € Divorced € Widow(er) € Other		
11. Father's name NOSIK VIKTOR	12. Mother's name NOSIK VLADA		
13. Type of travel document <input checked="" type="checkbox"/> National passport € Diplomatic passport € Service passport € Travel document (1951 Convention) € Alien's passport € Seaman's passport € Other travel document (please specify):			Wiza: € Odmowa € Wydana Typ wizy: € LTV € A € B € C <input type="checkbox"/> D <input type="checkbox"/> D+C
14. Number of passport 059H4848486	15. Issued by FMS 023		
16. Date of issue 10-11-2009	17. Valid until 10-11-2014		
18. If you reside in a country other than your country of origin, do you have permission to return to that country? € No € Yes (number and validity)			
* 19. Current occupation GENERAL DIRECTOR			
* 20. Employer and employer's address and phone number. For students, name and address of school LLC «MOS» RUSSIA, 024565, MOSCOW, KRASNOGVARDEYSKIY BULVAR St, 56-45 TEL.: (499) 125-02-15			
21. Destination country -	22. Type of visa € Airport € Transit <input checked="" type="checkbox"/> Short stay € Long stay	23. Visa <input checked="" type="checkbox"/> Individual € Collective(how many persons)	
24. Number of entries requested € Single entry € Two entries <input checked="" type="checkbox"/> Multiple entries	25. Duration of stay: Visa requested for _90_ days	Ilość wjazdów: € 1 € 2 € wiele Ważna od do	
26. Other visas (issued within the past 3 years) and their period of validity: N/A			
27. If you are in transit, do you have an entry permit for the final country of destination? € No € Yes, valid until : Issued by:			
* 28. Previous stays in the Republic of Poland or other Schengen states SPAIN			

* Questions marked with * may be omitted by family members of EU or EEA citizens (spouse, child, or dependent ascendant). Family Members of EU or EEA citizens have to present documents proving this relationship.

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"/> Work <input type="checkbox"/> Education <input type="checkbox"/> Other (please specify):		Wypełnia organ wydający wizę
* 30. Date of entry 15-07-2008		* 31. Date of departure 15-09-2008
* 32. Border of first entry or transit route WARSAW		* 33. Means of transport AVIA
* 34. Name of host person or company in the Schengen states and contact person in host company. If not applicable – name of hotel or temporary address in the Schengen states:		
Name VITALY BELENKO		Phone and fax +12 05 023 15 25/ +01 05 248 12 12
Full address ul. Zakroczymska 13 lok. 1, 00-225 Warszawa		E-mail address vashemilo@gmail.com
* 35. Who is covering the costs of your travel and stay? <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Host person <input type="checkbox"/> Host company (Please specify who, how and enclose corresponding documentation)		
* 36. Means of support during your stay <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Travellers cheques <input 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.....		
37. Spouse's family name NOSIK		38. Spouse's family name at birth SOMOVA
39. Spouse's first name BERA	40. Spouse's date of birth 12/11/1977	41. Spouse's place of birth GEORGIA/ USSR
42. Children (application must be submitted separately for each passport) Surname 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.		
Surname -		First name -
Date of birth -	Nationality -	Number of passport -
Relationship: 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. At my express request, the 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 Polish law. 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 Polish law. If a visa is granted, I undertake to leave the territory of the Schengen states not later than the last day of the visa's validity. I am aware that possession of a visa is only one of the prerequisites for entry into the territory of the Schengen states. The 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 refused entry. The prerequisites for entry will be checked again on entry into the territory of the Schengen states.		
45. Applicant's home address 12, SNEZHAYAYA St., Moscow, Russia		46. Telephone number 8-652-123-45-21 8-499-123-45-67

47. Place and date MOSCOW, 21-07-2008	48. Signature (for minors, signature of custodian/guardian)
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