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Stamp Embassy
or Consulate

Application for Schengen Visa

This application form is free

1. Surname(s) (family name(s)) ФАМИЛИЯ		FOR EMBASSY/ CONSULATE USE ONLY НЕ ЗАПОЛНЯТЬ!	
2. Surname(s) at birth (earlier family name(s)) ФАМИЛИЯ ПРИ РОЖДЕНИИ (ЕСЛИ ОНА МЕНЯЛАСЬ)		Date application:	
3. First names (given names) ИМЯ		File handled by:	
4. Date of birth (year-month-day) ДАТА РОЖДЕНИЯ		5. ID-number (optional) НЕ ЗАПОЛНЯТЬ	
6. Place and country of birth МЕСТО РОЖДЕНИЯ И СТРАНА РОЖДЕНИЯ		Supporting documents:	
7. Current nationality/ies НАСТОЯЩЕЕ ГРАЖДАНСТВО		Valid passport Financial means Invitation Means of transport Health insurance Other:	
9. Sex ПОЛ <input type="checkbox"/> Муж. <input type="checkbox"/> Жен. Male Female	10. Marital status НЕЗАМУЖ. <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other Семейное положение	8. Original nationality (nationality at birth) ГРАЖДАНСТВО ПРИ РОЖДЕНИИ	
11. Father's name ФАМИЛИЯ И ИМЯ ОТЦА		12. Mother's name ФАМИЛИЯ И ИМЯ МАТЕРИ	
13. Type of passport: ПАСПОРТ <input 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): другой тип ТИП ПАСПОРТА		To: Visa: Refused Granted	
14. Number of passport НОМЕР ПАСПОРТА		15. Issued by КАКИМ ОРГАНОМ ВЫДАН ПАСПОРТ	
16. Date of issue ДАТА ВЫДАЧИ ПАСПОРТА		17. Valid until СРОК ДЕЙСТВИЯ ПАСПОРТА	
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)		Characteristics of Visa: LTV A B C D D+C	
* 19. Current occupation НАСТОЯЩАЯ ПРОФЕССИЯ, ЗАНИМАЕМАЯ ДОЛЖНОСТЬ		Number of entries: 1 2 Multiple	
* 20. Employer and employer's address and telephone number. For students, name and address of school МЕСТО РАБОТЫ (ДЛЯ СТУДЕНТОВ -- МЕСТО УЧЁБЫ)		Valid from: To: Valid for:	
21. Main destination МЕСТО НАЗНАЧЕНИЯ		22. Type of visa типы виз ПРИЕМОВЪДЪК <input type="checkbox"/> Transit <input type="checkbox"/> Individual <input type="checkbox"/> Collective <input type="checkbox"/> Short stay <input type="checkbox"/> Long stay <input type="checkbox"/> КОМПЛЕКТИВ. КРАТКОСРОЧНАЯ долгосрочная	23. Visa ВИЗА ВИЗА <input type="checkbox"/> Individual <input type="checkbox"/> Long stay <input type="checkbox"/> Individual Индивидуальная
24. Number of entries requested КОЛИЧЕСТВО ВЪЕЗДОВ <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries		25. Duration of stay ПРОДОЛЖИТЕЛЬНОСТЬ ПРЕБЫВАНИЯ Visa is requested for: ВАШИМ дни (КОЛ-ВО, НЕБ.)	
26. Other visas (issued during the past three years) and their period of validity ВИЗЫ, ПОЛУЧЕННЫЕ ЗА ПОСЛЕДНИЕ 3 ГОДА И СРОК ИХ ДЕЙСТВИЯ			
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		Issuing authority:	
* 28. Previous stays in this or other Schengen states ПРЕДЫДУЩИЕ ПОЕЗДКИ В НОРВЕГИЮ И ДРУГИЕ СТРАНЫ ШЕНГЕНА			

* The questions marked with * do not have to be answered by family members of EU or EEA citizens (spouse, child or dependent descendant). Family members of EU or EEA citizens have to present documents to prove this relationship.

29. Purpose of travel <input type="checkbox"/> Tourism <input type="checkbox"/> BUSINESS <input type="checkbox"/> ВИЗУ В СЕЛЬСКОЕ ЧИСЛО <input type="checkbox"/> Visit to Family or Friends <input type="checkbox"/> КУЛЬТУРА/СПОРТ <input type="checkbox"/> ОФИЦИАЛЬНОЕ <input type="checkbox"/> MEDICAL <input type="checkbox"/> ТУРИЗМ <input type="checkbox"/> BUSINESS <input type="checkbox"/> VISIT TO FAMILY OR FRIENDS <input type="checkbox"/> CULTURE/SPORT <input type="checkbox"/> OFFICIAL <input type="checkbox"/> MEDICAL REASONS Other (please specify): ЦЕЛЬ ПОЕЗДКИ ДРУГОЕ (УКАЗАТЬ)								FOR EMBASSY CONSULATE USE ONLY	
* 30. Date of arrival ДАТА ПРИБЫТИЯ				* 31. Date of departure ДАТА ВОЗВРАЩЕНИЯ					
* 32. Border of first entry or transit route МЕСТО ПЕРЕСЕЧЕНИЯ ГРАНИЦЫ				* 33. Means of transport КАКИМ ВИДОМ ТРАНСПОРТА					
* 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 ФАМИЛИЯ И ИМЯ ПРИГЛАШАЮЩЕГО Full address ПОЛНЫЙ АДРЕС В НОРВЕГИИ									
Telephone and telefax НОМЕР ТЕЛЕФОНА					E-mail address ЭЛЕКТРОННЫЕ АДРЕС@				
* 35. Who is paying for your cost of travelling and for your costs of living during your stay? <input type="checkbox"/> Myself <input type="checkbox"/> Host person(s) <input type="checkbox"/> Host company (State who and how and present corresponding documentation) КТО ОПЛАЧИВАЕТ ВАШУ ПОЕЗДКУ									
* 36. Means of support during your stay <input type="checkbox"/> КАДЫЧНЫЕ <input type="checkbox"/> БОРОДЫЧНЫЕ ЧЕКИ <input type="checkbox"/> КРЕДИТ.КАРТА <input type="checkbox"/> ПРОЖИВАНИЕ/МЯСИЩЕНИЕ <input type="checkbox"/> ДРУГОЕ <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit Cards <input type="checkbox"/> Accommodation <input type="checkbox"/> Other <input type="checkbox"/> Travel and/or health insurance. Valid until: КАКИМ ОБРАЗОМ ПОЕЗДКА БУДЕТ ОПЛАЧЕНА Срок ее действия									
37. Spouse's family name ФАМИЛИЯ СУПРУГА/И				38. Spouse's family name at birth ФАМИЛИЯ СУПРУГА/И ПРИ РОЖДЕНИИ					
39. Spouse's first name ИМЯ СУПРУГА/И		40. Spouse's date of birth ДАТА РОЖДЕНИЯ		41. Spouse's place of birth МЕСТО РОЖДЕНИЯ					
42. Children (Application must be submitted separately for each passport) Name 1 ФАМИЛИЯ РЕБЁНКА 2 3									
First name ИМЯ РЕБЁНКА					Date of birth ДАТА РОЖДЕНИЯ				
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. ДЛЯЧНЫЙ ПУНКТ ЗАДАЮТСЯ ЧЛЕНАМИ СЕМІИ ГРАЖДАНОМ ЕС ЧИ ЕЭС. Name ФАМИЛИЯ Date of birth ДАТА РОЖДЕНИЯ Nationality ГРАЖДАНСТВО Number of passport НОМЕР ПАСПОРТА Family relationship СТЕПЕНЬ РОДСТВА С ГРАЖДАНИНОМ ЕС ЧИ ЕЭС. 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. 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					46. Telephone number НОМЕР ТЕЛЕФОНА				
47. Place and date МЕСТО И ДАТА ЗАПОЛНЕНИЯ АНКЕТЫ					48. Signature (for minors, signature of custodian/guardian) РОСПИСЬ				