



	РНОТО
Application form for National Visa (D) Free application form	

1. Surname (Family Name) / (x)					
					·····
2. Surname at birth (Former family nan	ne/s) / (x)				For official use only
	, , ,				Date of application:
3. First name(s) (Given name (s))/(x)					Date of application:
3. Past name(s) (Given name (s))/ (x)					
	1		1- ~		Visa application number:
4. Date of birth (day-month-year)	5. Place of birth		7. Current	•	
					Application lodged at:
	6. Country of birt	h	Nationality	at birth, if different	
					☐ Embassy/Consulate ☐ Common application
					centre
8. Sex /:	9. Marital statu	a/ .			Service provider
0. BCA /	9. Mai itai statu	5/			Commercial intermediary
☐Male/	□Single/		Married/		Other
Female/	Separated/		Divorced/		
	□Widow/ er/				Name:
	Other (pleas	e specify)/			
10.In case of minors: surname, first nar	ne, address (if different	from applicant's)	and nationalit	y of parental authority/legal	
guardian		11 /	•		File handled by:
					Name of the person who has
11.National identity number, where app	slicable/				received the file at the
11. National identity number, where app	oncable/				counter:
12. Type of travel document/					
	_				
Ordinary passport/		matic passport/			Supporting documents:
Service passport/ Official passport/			☐Travel documents		
Special passport/	• • • • • • • • • • • • • • • • • • • •				☐ Means of subsistence
Other travel document (please spec		T		14.7 11.7	Invitation
13.Number of travel document /	e of issue	15. Valid until /	••••	16. Issued by /	☐ Means of transport ☐ Travel medical insurance
document/					Other
17. Applicant's home adress and e-ma	ail adress		Telephon	e number(s)/	Visa Decision:
					Refused
					Refused for SIS alert not
18. Residence in a country other than the	ho country of current n	ationality /			_ erasable ☐ Pending file
No/	ne country of current if	/	•••••		☐ Issued
Yes. Residence permit or equivalen					
10.0					Type of visa:
19. Current occupation/					□D
20 E1	- J 4-lhh	E		-6 - 1 4:1	□Valid:
20. Employer and employer's adress a establishment	na telephone number.	ror students, nan	ie and adress	or educational	from
CSTADIISIIIICIIC					11 0111
					_to
21. Purpose of the journey/					N. 1 6 4 5
☐ Joining family member/Accompany	ing family mambar				Number of entries:
	Sport/	□ Missis "		Dinlomatia/	□ 1 □ 2
		_		_	☐ Multiple
	Study/	☐ Adoption/		Subordinate employement/	windpie
☐ Self-employement/ ☐ Other (please specify)/					

22 City of Jostin diam	22 E41	
22. City of destination	23. Eventual member State of first entry	
24. Number of entries requested/	25. Duration of the stay. Specify the number of days	
☐ Single entry/ ☐ Two entries/	(max. 365 days) /	
☐ Multiple entries/		
26. Schengen Visas issued during the past three years/	:	
□ No /		
☐ Yes. Date/s of validity / from/	to /	
27. Fingerprints collected previously for the purpose of		
27.1 ingerprints concered previously for the purpose of		
□No/ □ Yes/Date, if known/		
	member/accompany family member/subordinate employment	
(only if required by the law regulating the type of visa re- Issued by SUI of /		
Valid from/	<u> </u>	
29. Intended date of arrival in the Schengen area	30. Intended date of departure from the Schengen area (only for visa with duration included between 91 and 364	
	days)	
31. Surname and first name of the inviting person who ha	as required the joyning or of the employer. Otherwise, in case	
of Visas for Adoption, Religious reasons, Medical treatme		
Adress and e-mail adress of the inviting person (s) or of th	Telephone number and telefax of the inviting person (s)	
employer	or of the employer	
СПРОУСТ		
32. Name and adress of the inviting company/organizatio	n Telephone number and telefax of the	
	company/organization	
Surname, first name, adress, telephone, telefax and e-ma	nil adress of contact person of the company/ organization /	
33.Costs of travelling and living during the applicant's st	ay is covered	
□ by the applicant himself/herself		
	please specify/	
Means of support/:		
	Referred to in field 31 or 32 /	
☐ Cash/	□other (please	
Traveller's cheque/	specify)/	
Credit cards/	F	
Pre-paid accomodation/	Means of support/:	
☐ Pre-paid transport/ ☐ Other (please specify)/		
Gener (piease speeny)/		
UNNECESSARY INDICATION IN CASE OF THE	□ Cash/ □ Accomodation provided/	
FOLLOWING TYPES OF VISA:	All the expenses covered during the stays/	
Joining or accompanying Family member, Subordinate or self		
employment/, Mission, Diplomatic, Adoption.		
	Other (please specify)/():	
		<u> </u>

34. Personal data of the family member who is an EU, SEE o CH /				
Surname /		First name/s/		
Date of birth /	Nationality /		Number of travel document or ID card	
35. Family relationship with an EU, SEE or	CII sitigan /			
□ spouse/ □ son/daughte				
other direct discendant/		endant/		
36. Place and date/		37. Signature (for minors, signature of parental authority/legal guardian)/		
I am aware that the visa fee is not refunded				
I am aware of and consent to the following: applicable, the taking of fingerprints, are non the visa application form, as well as m them, for the purposes of a decision on my Such data as well as data concerning the deentered into, and stored in the informatic s	nandatory for the exa y fingerprints and m visa application. ecision taken on my a	nmination of the visa app y photograph will be su pplication or a decision	olication; and any personal data concerning policy to the relevant Italian authorities whether to annul, revoke or extend a visa	ing me which appear es and processed by a issued will be
accessible to the National Visa authorities. checks on visas at external borders and verifying whether the conditions for the leg who do not or who no longer fulfil these Under certain conditions the data will be prevention, detection and investigation of to	Furthermore, they w within the Member S gal entry into, stay an conditions, of examine also available to de	vill be accessible to the v tates, immigration and ad residence on the terri ning an asylum applicates esignated authorities of	isa authorities and the authorities compe asylum authorities in the Member State tory of the Member States are fulfilled, of tion and of determining responsibility for the Member States and to Europol for	etent for carrying out s for the purposes of of identifying persons or such examination.
I am aware that I have the right to obtain me which are inaccurate be corrected and my application will inform me of the mann deleted, including the related remedies according to the national authority for data control is the second of the	that data relating to her in which I may exo ording to the national	me processed unlawfull ercise my right to check law.	y be deleted. At my express request, the the personal data concerning me and ha	authority examining
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 revocation of a visa already granted and may also render me liable to prosecution under the law of the Representation (Article 331 c.p.p.). 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 Regulation (EU) No 562/2006 (Schengen Borders Code) and of Article 4 Legislative Decree 268/98 and I am therefore refused entry.				
.NOTES (for official use onl	y)			

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