



STAMP

Schengen Visa Application

This application form is free of charge

РНОТО

1.	Surname (Family name) (x)					EOD OFFICI	AL USE ONLY	
2.	Surname at birth (Former fa							
3.	First name(s) (Given name(s	Date of applica	ition:					
J.	r ist name(s) (Given name(s	Visa applicatio	on number:					
4.	Date of birth (day-month- year) 5. Place		rth	7. Cu	rrent Nationality			
		6. Country of Bir			tionality at birth, if ferent:	Application loc Embassy/c CAC Service pro Commerci Border	consulate	
8.	Sex	9. Mar	rital Status		Name:			
	[-]			Single [x] Ma Divorced [-] V Other (please s			File handled by:	
10.	In the case of minors: Surna parental authority/legal guar	Invitation Means of s	cument subsistence					
11.	National identity number, w	Other: Visa decision:						
12.	Type of travel document [x] Normal passport [-] Official passport [-]	Refused Issued: A C LTV						
13.	Number of travel 14. I document	Date of issue	15. Vali	id until	16. Issued by	Valid: From: Until:		
17.	Applicant's home address and e-mail address Telephone number(s)							
		Number of ent						
						Number of day	/S:	
						-		

^{*} The fields marked with * shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields no 34 and 35.

18. Residence in a country other than the country of	,						
[x] No [-] Yes							
		The second section is					
* 19. Current occupation			,				
* 20. Employer and employer's address and telephone educational establishment.	e number. For stu	dents, name and address of					
eddedional establishment.							
			7				
21. Main purpose(s) of the journey:	21. Main purpose(s) of the journey:						
[-] Visiting family or friends [-] Other, p [-] Official visit [-] Business [x] Touris	[-] Visiting family or friends [-] Other, please specify [-] Medical reasons -[-] Sports [-] Official visit [-] Business [x] Tourism [-] Cultural [-] Study [-] Airport transit						
22. Member State(s) of destination		tate of first entry					
1. Netherlands	Netherla	•					
24. Number of entries requested		25. Duration of the intended stay					
[-] Single entry [-] Two entries [x] Mul	tiple entries	Indicate number of days	or transit				
[] Single entry [] I wo entries [A] Mul	upic entities						
26. Schengen visas issued during the past three year	rs						
[-] No [x] Yes. Date(s) of validity from	to						
27. Fingerprints collected previously for the purpos	e of applying for	a Schengen visa					
[-] No [x] Yes. Date, if known:							
28. Entry permit for the final country of destination, where applicable							
29. Intended date of arrival in the Schengen area		30. Intended date of departure fro	m the Schengen area				
and of departure from the senergen area							
* 31. Surname and first name of the inviting person(s) in the Member S	State(s) If not applicable, name of hot	el(s) or temporary accommodation				
	,	ourse(o). It not approache, name of not	el(s) of temporary accommodation				
Address and e-mail address of inviting person(s)/hotel(s)	Telephone and telefax					
/temporary accommodation(s)		1.					
1.		*					
* 32. Name and address of inviting company/organisa	ation	Telephone and telefax of company/organisation					
1							
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation							
1							
* 33. Cost of travelling and living during the applicant's stay is covered							
[x] By the applicant himself/herself		[-] By a sponsor (host, company	, organisation), please specify				
Magazaafaa		3.7					
Means of support [x] Cash [-] Traveller's cheques		Means of support [-] Cash [-] Accommodation provided					
[x] Credit card [x] Pre-paid accommo	dation	[-] All expenses covered [-] Prepaid transport					
[x] Pre-paid transport [-] Other (please specify)							
[-] Other (please specify)							

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⁽x) Fields 1-3 shall be filled in in accordance with the data in the travel document.

34.	Personal data of the family member who is an EU, EEA or CH citizen							
	Surname:			First name(s):				
	Date of birth Natio		onality		Number of travel document or ID card			
35.	Family relationship with an EU, EEA or CH citizen							
[-] Spouse [-] Child [-] Grandchild [-] Dependent ascendant								
36.	36. Place and date			Signature (for minors, signature of parental authority/legal guardian)				
	ANKARA 30.01.2019							

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(x) Fields 1-3 shall be filled in in accordance with the data in the travel document.

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 following: the collection of the data required by this 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 any 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 accessible 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 States 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 designatefod authorities of the Member States and to Europol for the purpose of the 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: Ministry of Foreign Affairs, Consular Affairs and Visa Policy Department (DCV), Postbus 20061, 2500 EB DEN HAAG.

I am aware that I have the right 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 of that Member State [Autoriteit Persoonsgegevens, Postbus 93374, 2509 AJ DEN HAAG] 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 relevant 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.

Place and date

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

ANKARA 30.01.2019

(x) Fields 1-3 shall be filled in in accordance with the data in the travel document.

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