



SCHENGEN VİZESİ İÇİN BAŞVURU FORMU
Application for Schengen Visa
This application form is free
BU FORM ÜCRETSİZDİR.

PHOTO
FOTOĞRAF

WYŁĄCZNIE DO UŻYTKU
SŁUŻBOWEGO

1. Surname (Family name) (x) Soyadınız				Wniosek złożono: <input type="checkbox"/> w ambasadzie lub konsulacie <input type="checkbox"/> we wspólnym ośrodku przyjmowania wniosków <input type="checkbox"/> u usługodawcy <input type="checkbox"/> u pośredniczącego podmiotu komercyjnego <input type="checkbox"/> na granicy			
2. Surname at birth (Former family name(s)) (x) Evlenmeden Önceki Soyadınız				Data złożenia wniosku:			
3. First name(s) (Given name(s)) (x) Adınız				Numer wniosku:			
4. Date of birth (day-month-year) Doğum Tarihi Gün - Ay - Yıl		5. Place of birth Doğum Yeri 6. Country of birth TUR (Sadece ülke kodu yazınız)		7. Current nationality Nationality at birth, if different: TUR (Sadece ülke kodu yazınız)		Wniosek przyjęty przez:	
8. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Erkek Kadın		9. Marital status <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 (please specify) Bekar Evli Ayrı Boşanmış Dul Diğer (Lütfen Belirtiniz)				Nazwa: <input type="checkbox"/> inne	
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian 18 YAŞINDAN KÜÇÜKLER İÇİN VELİSİNİN YADA YASAL EBEVEYNİN SOYADI,ADI,ADRESİ (EĞER ÇOCUĞUYLA AYNI ADRESTE OTURMUYORSA) VE UYRUĞU						Dokümanlar uzupelniające: <input type="checkbox"/> dokument podróży <input type="checkbox"/> środki utrzymania <input type="checkbox"/> zaproszenie <input type="checkbox"/> środek transportu <input type="checkbox"/> podróżne ubezpieczenie medyczne <input type="checkbox"/> inne:	
11. National identity number, where applicable TC KİMLİK NUMARASI (VARSA)						Decyzja o wizie: <input type="checkbox"/> odmowa wydania wizey <input type="checkbox"/> wiza przyznana:	
12. Type of travel document <input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify) Normal Bordo Pasaport Diplomatik Mavi Renk Gri Renk Görev Pasaportu Yeşil Pasaport						Liczba wjazdów: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> wielokrotny	
13. Number of travel document Pasaport Numarası		14. Date of issue Veriliş Tarihi		15. Valid until Geçerlilik Tarihi		16. Issued by TUR (Sadece ülke kodu yazınız)	
17. Applicant's home address and e-mail address Ev ve E-posta adresi				Telephone number(s) Cep Telefonu Numarası			
18. Residence in a country other than the country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent No Valid until UYRUĞU OLDUĞU ÜLKEDE OTURUYORSA EVET(YES) BAŞKA ÜLKEDE OTURUYORSA HAYIR(NO) OTURUM İZİNİ VEYA EŞDEĞER BELGE VARSA NUMARASI VE GEÇERLİLİK BİTİŞ TARİHİ						terytorialnej <input type="checkbox"/> Termin ważności:	
* 19. Current occupation MESLEĞİNİZ (BURAYA GÖREVNİZİ YAZINIZ. ÖRNEĞİN TEKSTİL SEKTÖRDÜR, TEKSTİL İŞÇİSİ MESLEKTİR ÇALIŞMIYORSANIZ PARANTEZ İÇİNDE MESLEĞİNİZİ YAZINIZ						Liczba dni: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> wielokrotny	
* 20. Employer and employer's address and telephone number. For student, name and address of educational establishment. İŞVEREN ADI, ADRESİ VE TELEFON NUMARASI ÖĞRENCİ İSE OKULUN ADI VE ADRESİ VE TELEFON NUMARASI						Liczba dni:	
21. Main purpose(s) of the journey: <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reason <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify) Turistik İş Aile - Arkadaş ziyareti Kültürel Sportif Resmi Ziyaret Tedavi amaçlı Eğitim Transit Havaalanı Diğer (Lütfen Belirtiniz.) Transit						Liczba dni:	

22. Member State(s) of destination SEYAHAT EDECEĞİNİZ ÜLKE	23. Member State of first entry İLK GİRİŞ YAPACAĞINIZ ÜLKE
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries TEK GİRİŞ ÇİFT GİRİŞ ÇOKLU GİRİŞ	25. Duration of the intended stay of transit Indicate number of days TALEP ETTİĞİNİZ GÜN SAYISINI BELİRTİNİZ. SADECE SEYAHATİNİZ KADAR GÜN YAZINIZ.KONSOLOSLUK UYGUN GÖRÜRSE DAHA UZUN VERECEKTİR

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.

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

AVRUPA BİRLİĞİ VATANDAŞI EŞİ, KIZI, YAKINI OLAN KİŞİLER İŞARETLİ OLAN 31,32,33. MADDELERİ DOLDURMASINLAR. BU KİŞİLER YAKINI OLDUĞU AVRUPA BİRLİĞİ VATANDAŞI OLAN KİŞİNİN BİLGİLERİNİ 34. VE 35. MADDEDEKİ ALANLARA DOLDURUM KANITLAYICI BELGELERİ BAŞVURUYA EKLEYECEKTİR

26. Schengen visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from to SON 3 YIL İÇİNDE ALMIŞ OLDUĞUNUZ SCHENGEN VİZELERİ (3 YILDAN ESKİ OLANLARI KESİNLİKLE YAZMAYINIZ. 3 YIL İÇİNDE BİRKAÇ TANE VARSA HEPSİNİ BELİRTİNİZ) HAYIR EVET BAŞLANGIÇ TARİHİ BİTİŞ TARİHİ

27. Fingerprints collected previously for the purpose of applying for a Schengen visa <input type="checkbox"/> No <input type="checkbox"/> Yes SCHENGEN VİZESİ İÇİN PARMAK İZİ VERDİNİZ Mİ? EVET CEVABINIZ EVET İSE VE PARMAK İZİ VERDİĞİNİZ Date, if known TARİHİ HATIRLIYOSANIZ LÜTFEN BELİRTİNİZ.

28. Entry permit for the final country of destination, where applicable Issued by Sadece ülke kodu yazınız Valid from Başlangıç Tarihi until Bitiş Tarihi BAZI DURUMLARDA SEYAHAT EDECEĞİNİZ SON ÜLKE İÇİN GİRİŞ İZİNİ
--

29. Intended date of arrival in the Schengen area SEYAHAT ETMEYİ PLANLADIĞINIZ GİRİŞ TARİHİ	30. Intended date of departure from the Schengen area SEYAHAT ETMEYİ PLANLADIĞINIZ ÇIKIŞ TARİHİ
---	---

29-30. MADDELER 25. MADDE İLE TUTARLI OLMASI GEREKİR. GİRİŞ VE ÇIKIŞ TARİHİ ARASINDA 7 GÜN VARSA 25.MADDE 7 GÜN OLARAK BELİRTİLMELİ

* 31. Surname and first name of the inviting person(s) in the Member State(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the Member State(s) * DAVET EDEN KİŞİNİN SOYADI VE ADI * HOTELİN VEYA GEÇİCİ KONAKLAMA YERİNİN ADI (BİRKAÇ FARKLI HOTEL VARSA HEPSİNİ BELİRTİNİZ) * TEK SEYAHATTE FARKLI ÜLKELERE SEYAHAT EDECEKSENİZ SADECE ÇEK CUM. HOTELİNİ YAZINIZ.

Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s) DAVET EDEN KİŞİNİN \ OTELİN ADRESİ ve E-POSTA ADRESİ	Telephone and telefax TELEFON VE TELEFAX NUMARASI
---	---

* 32. Name and address of inviting company/organisation DAVET EDEN ŞİRKETİN \ ORGANİZASYONUN ADRESİ ve E-POSTA ADRESİ	Telephone and telefax of company/organisation ŞİRKETİN VEYA ORGANİZASYONUN TELEFON VE TELEFAX NUMARASI
---	--

Sumame, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation ŞİRKET VEYA ORGANİZASYONDA İLETİŞİME GEÇİLEN KİŞİNİN SOYADI, ADI, ADRESİ, TELEFONU EMAIL ADRESİ

* 33. Cost of travelling and living during the applicant's stay is covered SEYAHAT MASRAFLARI NASIL KARŞILANIYOR AŞAĞIDA İŞARETLEYİNİZ
--

<input type="checkbox"/> by the applicant himself/herself KENDİM KARŞILIYORUM. Means of support <input type="checkbox"/> Cash NAKİT <input type="checkbox"/> Traveller's cheques SEYAHAT ÇEKİ <input type="checkbox"/> Credit card KREDİ KARTI <input type="checkbox"/> Prepaid accommodation ÖNCEDEN ÖDENMİŞ KONAKLAMA <input type="checkbox"/> Prepaid transport ÖNCEDEN ÖDENMİŞ ULAŞIM <input type="checkbox"/> Other (please specify) DİĞER (LÜTFEN BELİRTİNİZ)	<input type="checkbox"/> by a sponsor (host, company, organisation), please specify <input type="checkbox"/> referred to in field 31 or 32 <input type="checkbox"/> other (please specify) Means of support <input type="checkbox"/> Cash NAKİT <input type="checkbox"/> Accommodation provided KONAKLAMA SAĞLANIYOR <input type="checkbox"/> All expenses covered during the stay SEYAHAT BOYUNCA TÜM MASRAFLAR <input type="checkbox"/> Prepaid transport ÖNCEDEN ÖDENMİŞ ULAŞIM <input type="checkbox"/> Other (please specify) DİĞER (LÜTFEN BELİRTİNİZ)
--	---

SPONSOR KARŞILIYOR (ŞİRKET YADA ORGANİZASYON)

31. VE 32. MADDELERDE BELİRTİLEN KİŞİ (EĞER SİZİ DAVET EDEN YAKININIZ VEYA ARKADAŞINIZ KARŞILIYORSA BURAYI İŞARETLEYİNİZ

DİĞER (LÜTFEN BELİRTİNİZ)

34. Personal data of the family member who is an EU, EEA or CH citizen AŞAĞIDAKİ BÖLÜME AVRUPA BİRLİĞİ ÜYESİ OLAN AİLE BİREYİNİN BİLGİLERİNİ YAZINIZ.		
Surname SOYADI	First name(s) ADI	SEYAHAT BELGESİ NUMARASI VEYA VATANDAŞLIK NUMARASI
Date of birth DOĞUM TARİHİ	Nationality UYRUĞU	
35. Familia relationship with an EU, EEA or CH citizen <input type="checkbox"/> spouse EŞİ <input type="checkbox"/> child ÇOCUĞU <input type="checkbox"/> grandchild TORUNU <input type="checkbox"/> dependent ascendant YAKINI		
36. Place and date BAŞVURU YAPTIĞINIZ YER VE TARİH	37. Signature (for minors, signature of parental authority/legal guardian) İMZA (18 YAŞINDAN KÜÇÜKLER İÇİN VELİNİN/YASAL VASİNİN İMZASI) BAŞVURU YAPTIĞINIZ YER VE TARİH İMZA (HEM ANNE HEM DE BABA'NIN İMZA ATMASI GEREKMEKTEDİR)	

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 condition 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 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: Office For Foreigners, 16 Koszykowa St., 00-564 Warsaw.

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 will hear claims concerning the protection of personal data: Inspector General for the Protection of Personal Data, 2 Stawki St., 00-193 Warsaw.

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 any 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 BAŞVURU YAPTIĞINIZ YER VE TARİH	Signature (for minors, signature of parental authority/legal guardian): İMZA (18 YAŞINDAN KÜÇÜKLER İÇİN VELİNİN/YASAL VASİNİN İMZASI) 15 (HEM ANNE HEM DE BABA'NIN İMZA ATMASI GEREKMEKTEDİR)
--	---

¹ In so far as the VIS is operational.