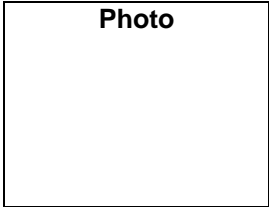




Application for Schengen Visa

This application form is free



1. Surname (Family name) (x)				For official use only Date of application: Visa application number: Application lodged at <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border			
2. Surname at birth (Former family name(s)) (x)							
3. First name(s) (Given name(s)) (x)							
4. Date of birth (day-month-year)		5. Place of birth		7. Current nationality		Name: <input type="checkbox"/> Other:	
		6. Country of birth		Nationality at birth, if different			
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		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)				File handled by: Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Other:	
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian							
11. National identity number, where applicable							
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"/> <input type="checkbox"/> Other (please specify)						Visa decision <input type="checkbox"/> Refused <input type="checkbox"/> Issued: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LTV <input type="checkbox"/> Valid From..... Until	
13. Number of travel document		14. Date of issue		15. Valid until			
17. Applicant's home address and e-mail address				Telephone number(s)			
18. Residence in a country other than that country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes. Resident permit or equivalent No Valid until						Number of entries <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple Number of days:	
* 19. Current occupation							
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.							
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 reasons <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify)						24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	
22. Member State(s) of destination			23. Member state of first entry				
25. Duration of the intended stay or transit Indicate number of days							
26. Schengen visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from to.....						27. Fingerprints collected previously for the purpose of applying for a Schengen Visa <input type="checkbox"/> No <input type="checkbox"/> Yes. Date if known.....	
27. Fingerprints collected previously for the purpose of applying for a Schengen Visa <input type="checkbox"/> No <input type="checkbox"/> Yes. Date if known.....							

The field 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 accordance with the data in travel document.

28. Entry permit for the final country of destination, where applicable Issued by Valid from Until.....		For official use only	
29. Intended date of arrival in the Schengen Area	30. Intended date of departure from the Schengen Area		
* 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)			
Address and e-mail address of inviting person(s)/hotel(s) temporary accommodation(s)	Telephone and telefax		
* 32. Name and address of inviting company / organisation	Telephone and telefax of company / organisation		
Surname, first name, address, telephone, telefax and e-mail address of contact person in company / organisation			
* 33. Cost of traveling and living during the applicant's stay is covered <input type="checkbox"/> by the applicant himself/herself <input type="checkbox"/> by the 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 <input type="checkbox"/> Traveler's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify) Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)			
34. Personal data of the family member who is an EU, EEA or CH citizen Surname First name(s)			
Date of birth	Nationality		Number of travel document or ID card
35. Family relationship with an EU, EEA, or CH citizen <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant			
36. Place and date	37. Signature (for minors, signature of parental authority/legal guardian) IMZA		

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 State.

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 purpose 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 fulfill 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: The Swedish Migration Board, 601 70 Norrköping, Sweden, www.migrationsverket.se.

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 the 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 national law of the State concerned. The national supervisory authority of that Member State (The Swedish Data Inspection Board, Box 8114, 104 20 Stockholm, Sweden, www.datainspektionen.se) 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 State 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 European territory of the Member States.

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

⁽¹⁾ In so far the VIS is operational.

Family details

Appendix to your application

Fylls i av Migrationsverket	
Dossiernummer	Signatur

NOTE! Read this first!

You must here list your (the applicant's) parents, husband/wife/partner, children and siblings. If any child is not your own biological child, you must state your relationship to that child and any half-siblings in section 6: 'Other information'. This form must also be filled in if you are applying for an extension.

You will also find this form and more information on our website www.migrationsverket.se. Please complete the form on a computer if possible, as it makes it easier for us to process your application.

1. My personal details

Surname (Family name) and given name(s)	Date of birth (year, month, day; numbers if any)
---	--

2. My husband/wife/partner

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)		Date of birth (yr, mth, day; numbers if any)	Deceased <input type="checkbox"/>
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Country and place of residence	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number	

3. My children I do not have any children

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)		Date of birth (yr, mth, day; numbers if any)	
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:)			
Country and place of residence	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number	

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)		Date of birth (yr, mth, day; numbers if any)	
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:)			
Country and place of residence	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number	

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:)			
Country and place of residence		Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:)			
Country and place of residence		Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:)			
Country and place of residence		Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number

4. My parents

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:)			
Country and place of residence		Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:)			
Country and place of residence		Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number

* Registered partners are counted as married

5. My siblings (I have no siblings)

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:)			
Country and place of residence		Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:)			
Country and place of residence		Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:)			
Country and place of residence		Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:)			
Country and place of residence		Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:)			
Country and place of residence		Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number

* Registered partners are counted as married

6. Other information

7. Signature

Place and date	Signature (for minors: guardian's signature)



İSVEÇ AİLE FERTLERİ BİLGİ FORMU

ISVEÇ VİZE BAŞVURUSU AİLE FERTLERİ BİLGİ FORMU ** Sizinle seyahat etmeseler bile doldurulmak zorundadır .

Başvuru tipi : Turistik Ziyaret İşçi Öğrenci Diğer.....

	İsim Soyad –Kızlık- Cinsiyeti E K	Doğum tarihi / yeri	Medeni Hali	Yaşadığı Ülke	Diğer Ülkelerde Yaşayan Çocukları Var mı ? Nerede ?	Sizinle geliyor mu? E H
Başvuran						
Eşi						
Anne						
Baba						
Çocuk 1						
Çocuk 2						
Çocuk 3						
Çocuk 4						
Kardeş						
Kardeş						
Kardeş						
Kardeş						



SCHENGEN VİZESİ KONTROL LİSTESİ - SCHENGEN VISA CHECKLIST

TURİZM / KÜLTÜREL - TOURISM / CULTURAL

		Complete	Incomplete	Not Applicable
1	Application Form for Schengen Visa (118031 or 119031), completed, signed and dated (2 signatures). For minors guardians have to sign the form. <i>Eksiksiz olarak doldurulmuş, imzalanmış ve tarihli 118031 veya 119031 nolu Schengen Vize Başvuru Formu (2 adet ıslak imzalı). Reşit olmayanların hem anne hem de babasının imzalaması gerekmektedir.</i>			
2	Family Extract showing your family before and after marriage <i>Nüfus Müdürlüklerinden alınan Tam Tekmil Vukuatlı Nüfus Kayıt Örneği (Anne, Baba, Eş, Kardeş ve Çocuk Gösterir)</i>			
3	If applicant is working in a company or a company owner; support letter from employer confirming the leave, SGK documents which include barcode, last 3 month's salary payrolls and company documents If applicant is farmer; original farm documents issued by Ziraat Odası If applicant is retired; documents showing social payments (bank statement or retirement certificate) If applicant is student; student certificate <i>Başvuru sahibi çalışan veya işyeri sahibi ise; seyahat tarihlerinin belirtildiği işveren mektubu&izin onayı, SGK işe giriş bildirgesi ve barkodlu SGK hizmet dökümü, son 3 ayın maaş bordrosu, şirketin oda kaydı (1 yıldan eski olmayan), ticaret sicil gazetesinin kopyası, vergi levhası Başvuru sahibi çiftçi ise; bağlı olduğu ziraat odası tarafından verilmiş çiftçi belgesi (orjinal olmalı) Başvuru sahibi emekli ise; Emekli maaşını gösterir belge(banka hesap özeti veya orjinal emekli cüzdanı) Başvuru sahibi öğrenci ise; öğrenci belgesi</i>			
4	Travel Plan: when and where to stay, and the means of transportation <i>Seyahat planı; nerede ne kadar kalınacak, hangi vasıtayla seyahat edilecek</i>			
5	Hotel and flight reservations. <i>Uçak/hotel rezervasyonları yada öngörülen ulaşım ile ilgili diğer kanıtlayıcı belgeler. Birden çok ülkeye gidilecekse ara geçişler kanıtlanmalıdır.</i>			
6	If it is a cultural visit or participation in a conference, an invitation or attendance form. <i>Kültürel bir etkinlik ya da konferans sözkonusu ise davetiye ya da katılım formu.</i>			
7	Written parental consent, in original, for minors (age under 18). Approved from Notary, taken within the last week and must be original. <i>18 yaşının altındaki kişiler için yurtdışına çıkabileceğine dair anne ve babanın noterden onaylı ve son 1 hafta içerisinde alınmış yazılı izin belgesinin orijinali.</i>			
8	Evidence of sufficient funds for the last 3 months, to cover the costs for the visit from the applicant. Signed and stamped from the bank. <i>Size ait, ziyaret masraflarınızı karşılamaya yetecek miktar nakit gösteren, bankanız tarafından imzalı ve kaşeli 3 aylık banka hesap dökümü.</i>			
9	2 biometric photograph 35 x 45 mm. Not older than 6 months. <i>35 x 45 mm. ölçülerinde 6 aydan eski olmayan 2 adet biyometrik fotoğraf.</i>			
10	Passport which has at least 2 blank pages and copies of the passport's all issued pages for the last 10 years. (The passport must be valid at least 3 months after the departure) You should present your old passports and copies. <i>Son 10 yıl içerisinde alınmış en az 2 boş sayfası olan pasaport ve işlem görmüş bütün sayfaların fotokopileri. (Pasaport seyahat tarihinden itibaren en az 3 ay geçerli olmalıdır). Eski pasaportlar ve fotokopileride sunulmalıdır.</i>			
11	Residence permit for foreigners: Copy of Turkish residence permit for non-Turkish applicants. Requirement does not apply for Iraqi citizen. <i>TC Vatandaşı olmayanlar için Türkiye'deki oturma izni. (Irak Vatandaşları için geçerli değildir.)</i>			
12	National ID Copy for the Iraqi applicants. <i>Iraklı Başvuru Sahipleri için Irak kimliği fotokopisi</i>			
13	Certificate of travel medical insurance which is valid in Schengen countries and minimum coverage amount is 30.000€ <i>Seyahat süresini kapsayan, teminat limiti en az 30.000 Euro olan ve Schengen ülkelerinde geçerli Seyahat Sağlık Sigortası.</i>			
Embassy has the right to request additional documents. <i>Elçilik ek belge talep etme hakkına sahiptir.</i>				

Declaration / Beyan

I am aware that if I have some missing documents in my application, this may increase the decision process and my application may be denied by Swedish Authority because of this reason. The Swedish Authority has right to demand some other documents and ask me to come personally for an interview. The payment of application fee is not giving me the right to have a visa. If my application is denied I am aware that I have no right to refund the application fee.
Başvuru evraklarımda olabilecek eksikliklerin vize işlemlerini uzatabileceğini ve başvurumun reddedilmesine neden olacağını bilincindeyim. İşveç Büyükelçiliği, benden başka belgeler talep etme ve şahsen büyükelçiliğe gelmemi isteme hakkına sahiptir. Başvuru ücretinin ödenmesi, bana vize alma hakkı vermemektedir. Vize başvurumun reddedilmesi durumunda başvuru ücretini geri alamayacağımı bilincindeyim.

Applicant's Name and Surname
Başvuru Sahibinin Adı ve Soyadı

Application Date
Başvuru Tarihi

Applicant's Signature
Başvuru Sahibinin İmzası