Application for Schengen Visa

This application form is free





Family members of EU, EEA or CH citizens shall not fill in fields no.21, 22, 30, 31 and 32 (marked with *).

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

1.	Surname (Family name) SMIRNOVA	FOR OFFICIAL USE ONLY			
2.	Surname at birth (Forme EPIFANOVA	Date of application:			
3.	First name(s) (Given name ELENA	Application number:			
4.	Date of birth (day-month-year): 05-06-1987	5. Place of MOSCO6. Country Russian	w	7. Current nationality: Russian (Former USSR) Nationality at birth, if different: [-] Other nationalities: [-]	Application lodged at: Embassy/consulate Service provider Commercial intermediary Border (Name): Other: File handled by: Supporting documents: Travel document
8.	Sex: [-] Male [x] Female		[-] Regis [-] Separ [-] Wido [-] Other	e [-] Married tered partnership ated [-] Divorced w(er) (please specify)	Means of subsistence Invitation TMI Means of transport Other: Visa decision: Refused
10.	Parental authority (in cast different from applicant)	Issued: A C LTV Valid:			
11.	National identity number	From:			
12.	Type of travel document [x] Ordinary passport [-] Official passport [-] [-] Other travel document	Number of entries: 1 2 Multiple Number of days:			

¹ No logo is required for Norway, Iceland, Liechtenstein and Switzerland.

13.	Number of travel document:		Oate of issue: 6-09-2018		alid unt 6-09-202		16. Issued by (country): RUSSIA
17	721234567	1 6 '	1 1 1		II EEA	CII	··· ·· · · · · · · · · · · · · · · · ·
17.	Personal data of t	the fami	ly member who	is an El	U, EEA	or CH o	citizen if applicable
	Surname (Family	urname (Family name): First name(s) (Given name(s)):					ven name(s)):
	Date of birth (day-month-year)):	Nationali	ty:		Number of travel document or ID card:	
18.	Family relationship with an EU, EEA or CH citizen if applicable:						
	[-] Spouse [-] Child [-] Grandchild [-] Dependent ascendant [-] Registered partnership [-] Other (please specify):						
19.	Applicant's home address and e-mail address:				'elephon		
	LESNAYA STR. 9, APT 35 125196 Moscow Russian Federation ELENA@POCHTA.COM			007 9191234567			
20.	Residence in a country other than the country of current nationality: [x] No [-] Yes						
* 21.	21. Current occupation:						
	Manager						
* 22.	22. Employer and employer's address and telephone number. For students, name and address of educational establishment:						
	AO COMPANY TVERSKAYA STR. 9, OFFICE 21 124589 MOSCOW 007 4981234567						
23.	Purpose(s) of the journey:						
	[-] Tourism [x] Business [-] Visiting family or friends [-] Cultural [-] Sports [-] Official visit [-] Medical reasons [-] Study [-] Airport transit [-] Other (please specify):						
24.	Additional information on the purpose of the stay:						
	BUSINESS ME	ETING					
	Member State of destination (and of Member States of destination, if applicable):	other	26. Member entry: Netherla		first	in Ir	uration of the atended stay or transit adicate number of ays:
	1. Netherlands						

27. Number of entries requested:					
[-] Single entry [-] Two entries [x] Multiple entries	-				
	Intended date of arrival of the first intended stay in the Schengen area: 17-05-2020 Intended date of departure from the Schengen area after the first intended stay: 19-05-2020				
28. Fingerprints collected previously for the purpose of app.	Fingerprints collected previously for the purpose of applying for a Schengen visa: [x] No [-] Yes.				
29. Entry permit for the final country of destination, where	applicable:				
* 30. Surname and first name of the inviting person(s) in the I temporary accommodation(s) in the Member State(s):	Member State(s). If not applicable, name of hotel(s) or				
1. DoubleTree by Hilton Amsterdam					
Address and e-mail address of inviting person(s)/hotel (s)/temporary accommodation(s):	Telephone no.: 1. 0031 205300800				
1. Oosterdoksstraat 4 1011 DK Amsterdam HILTON@AMSTERDAM.COM	1. 0031 205300800				
* 31. Name and address of inviting company/organisation:					
1. HOST COMPANY LTD Apollolaan 138 1077 BG Amsterdam					
Surname, first name, address, telephone no., and e-mail address of contact person in company /organisation:	Telephone no. of company/organisation: 1. 0031 200100000				
1. Vanderbilt PETER Apollolaan 138 1077 BG Amsterdam Peter.Vanderbilt@hco. nl 0031 20100000					
* 32. Cost of travelling and living during the applicant's stay is covered:					
[-] By the applicant himself/herself	[x] By a sponsor (host, company, organisation), please specify:				
Means of support: [-] Cash [-] Traveller's cheques [-] Credit card [-] Pre-paid accommodation [-] Pre-paid transport [-] Other (please specify):	Netherlands: HOST COMPANY LTD, referred to in field 30 or 31 Means of support: [-] Cash [x] Accommodation provided [x] All expenses covered during the stay [-] Pre-paid transport [-] Other (please specify):				

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:

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 application; and any personal data concerning me which appear on the 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 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) 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 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: 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 Member 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 6(1) of Regulation (EU) No 2016/399 (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:
Moscow, 27/02/2020	(signature of parental authority/legal guardian, if applicable):
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