



Application for Schengen Visa
Demande de visa Schengen
Solicitud de visado Schengen
ЗАЯВЛЕНИЕ О ВЫДАЧЕ ШЕНГЕНСКОЙ ВИЗЫ

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1 Surname (Family name) (x) Nom(s) de famille (x) Apellido(s) (x) Фамилия (-и) (x)	For official use only Partie réservée à l'administration Parte reservada a la administración Служебные отметки Date of application: Date d'introduction de la demande: Fecha de la solicitud:
2 Surname at birth (Former family name(s)) (x) Nom(s) de naissance (nom(s) de famille antérieur(s)) (x) Apellido(s) de nacimiento [apellido(s) anterior(es)] (x) Урожденная фамилия (-и) (бывшие фамилии) (x)	Visa application number: Numéro de la demande de visa: Número de la solicitud de visado:
3 First name(s) (Given name(s)) (x) Prénom(s) (x) Nombre(s) (x) Имя/имена и отчество (x)	Application lodged at Demande introduite Solicitud presentada en:
4 Date of birth (day-month-year) Date de naissance (jour-mois-année) Fecha de nacimiento (día-mes-año) Дата рождения (день-месяц-год)	<input type="checkbox"/> Embassy/consulate après d'un ambassadeur/d'un consulat Embajada/consulado <input type="checkbox"/> CAC auprès du CAC CCS <input type="checkbox"/> Service provider auprès d'un prestataire de services Proveedor de servicios <input type="checkbox"/> Commercial intermediary auprès d'un intermédiaire commercial Intermediario comercial <input type="checkbox"/> Border à la frontière Frontera Name: Nom; Nombre:
5 Place of birth Lieu de naissance Lugar de nacimiento Место рождения	<input type="checkbox"/> Other autres Otros
6 Country of birth Pays de naissance País de nacimiento Страна рождения	File handled by: Responsable du dossier: Expediente gestionado por: Supporting documents: Documents justificatifs: Documentos presentados: <input type="checkbox"/> Travel document Document de voyage Documento de viaje <input type="checkbox"/> Means of subsistence Medios de subsistencia Moyens de subsistencia <input type="checkbox"/> Invitation Invitation Invitación <input type="checkbox"/> Means of transport Moyen de transport Medio de transporte <input type="checkbox"/> TMI Assurance maladie en voyage Seguro médico de viaje <input type="checkbox"/> Other: Autres: Otros:
7 Current nationality Nationality at birth, if different: Nationalité actuelle Nationalité à la naissance, si différente: Nacionalidad actual Nacionalidad de nacimiento, si difiere de la actual: Гражданство в настоящее время Гражданство по рождению (необязательно):	Visa decision: Décision concernant le visa: Decisión sobre el visado: <input type="checkbox"/> Refused Refusé Denegado <input type="checkbox"/> Issued: Délivré: Expedido: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LTV VTL <input type="checkbox"/> Valid: Valable: Válido:
8 Sex Sexe Sexo Пол <input type="checkbox"/> Male Masculin Varón Муж. <input type="checkbox"/> Female Féminin Mujer Жен.	Number of entries: Nombre d'entrées: Número de entradas: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple Multiples multiples
9 Marital status Etat civil Estado civil Гражданское состояние <input type="checkbox"/> Single Célibataire Soltero/a Холост (не замужем) <input type="checkbox"/> Married Marié(e) Casado/a Женат/замужем <input type="checkbox"/> Separated Séparé(e) Separado/a Живу раздельно с супругой (-ой) <input type="checkbox"/> Divorced Divorcé(e) Divorciado/a Разведен(а) <input type="checkbox"/> Widow(er) Veuf (Veuve) Viudo/a Вдовец/Вдова <input type="checkbox"/> Other Autre Otro Другая	Number of days: Nombre de jours: Número de días:
10 In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian Pour les mineurs: Nom, prénom, adresse (si différent de celle du demandeur) et nationalité de l'autorité parentale/du tuteur légal Para los menores de edad: apellidos, nombre, dirección (si diferente de la del solicitante) y nacionalidad de la persona que ejerce la patria potestad o del tutor legal Для несовершеннолетних: Ф.И.О., адрес (указать, если иной чем у Заявителя) и гражданство законного представителя (родитель, усыновитель, опекун или попечитель)	13 Number of travel document Numéro du document de voyage Número del documento de viaje Номер проездного документа
11 National identity number, where applicable Numéro national d'identité, le cas échéant Número del documento nacional de identidad, si procede Номер внутреннего общегражданского паспорта (необязательно)	14 Date of issue Date de délivrance Fecha de expedición Дата выдачи
12 Type of travel document Type de document de voyage Tipo del documento de viaje Тип проездного документа <input type="checkbox"/> Ordinary passport Passeport ordinaire Pasaporte ordinario Заграничный паспорт <input type="checkbox"/> Diplomatic passport Passeport diplomatique Pasaporte diplomático Дипломатический паспорт <input type="checkbox"/> Service passport Passeport de service Pasaporte de servicio <input type="checkbox"/> Official passport Passeport officiel Pasaporte oficial Служебный паспорт <input type="checkbox"/> Special passport Passeport spécial Pasaporte especial <input type="checkbox"/> Other travel document (please specify) Autre document de voyage (à préciser): Otro documento de viaje (especificátese) Другой проездной документ (указать, какой именно):	15 Valid until Date d'expiration Válido hasta Срок действия по
13 Number of travel document Numéro du document de voyage Número del documento de viaje Номер проездного документа	16 Issued by Délivré par Expedido por Кем выдан
14 Date of issue Date de délivrance Fecha de expedición Дата выдачи	17 Applicant's home address, e-mail address Adresse du domicile et adresse électronique du demandeur Domicilio postal y correo electrónico del solicitante Домашний адрес и адрес электронной почты Заявителя
15 Valid until Date d'expiration Válido hasta Срок действия по	From du desde Until au hasta
16 Issued by Délivré par Expedido por Кем выдан	Telephone number(s) Numéro(s) de téléphone Números de teléfono Телефон(ы)

(1) No logo is required for Norway, Iceland and Switzerland. (1) Aucun logo n'est requis pour la Norvège, l'Islande et la Suisse.
 (1) Para Noruega, Islandia y la Suiza, sin el logotipo

8 Residence in a country other than the country of current nationality Résidence dans un pays autre que celui de la nationalité actuelle
Residente en un país distinto del país de nacionalidad actual Проживает ли Заявитель вне территории страны своего нынешнего гражданства

- No Non No Нет
- Yes. Residence permit or equivalent No Valid until
Oui. Autorisation de séjour ou équivalent N° Date d'expiration
Sí. Permiso de residencia No Válido hasta
o documento equivalente Да. Вид на жительство или соответствующий документ Номер Срок действия по

19 Current occupation Profession actuelle Profesión actual Род занятий в настоящее время

20 Employer and employer's address and telephone number. For students, name and address of educational establishment.
Nom, adresse et numéro de téléphone de l'employeur. Pour les étudiants, adresse de l'établissement d'enseignement
Nombre, dirección y número de teléfono del empleador; para los estudiantes, nombre y dirección del centro de enseñanza
Название, адрес и телефон организации-работодателя. Для учащихся – название и адрес учебного заведения

- 21 Main purpose(s) of the journey: Objets principal(aux) du voyage: Motivo o motivos principales del viaje: Цель (-и) поездки:
- | | |
|---|--|
| <input type="checkbox"/> Tourism Tourisme Turismo Туризм | <input type="checkbox"/> Medical reasons Raisons médicales Motivos médicos Учеба |
| <input type="checkbox"/> Business Affaires Negocios Деловая | <input type="checkbox"/> Study Études Estudios Учеба |
| <input type="checkbox"/> Visiting family or friends Visite à la famille ou à des amis Visita a familiares o amigos Посещение родственников или друзей | <input type="checkbox"/> Transit Transit Tránsito Транзит |
| <input type="checkbox"/> Cultural Culture Cultural Культура | <input type="checkbox"/> Airport transit Transit aéroportuaire Tránsito aeroportuario Транзит через аэропорт |
| <input type="checkbox"/> Sports Sports Deporte Спорт | <input type="checkbox"/> Other (please specify) Autres (à préciser): Otros (especifica) Иные (указать) |
| <input type="checkbox"/> Official visit Visite officielle Visita oficial Официальная | |

22 Member State(s) of destination État(s) membre(s) de destination
Estado o Estados miembros de destino Государство (-а) назначения на Шенгенской территории

23 Member State of first entry État membre de la première entrée
Estado miembro de primera entrada Государство первого въезда на Шенгенской территории

- 24 Number of entries requested Nombre d'entrées demandées Número de entradas solicitadas Запрашиваемое количество въездов:
- Single entry Une entrée una Один
- Two entries Deux entrées dos Два
- Multiple entries Entrées multiples multiples Многократные

25 Duration of the intended stay or transit Indicate number of days Durée du séjour ou du transit prévu Indiquer le nombre de jours
Duración prevista de la estancia o tránsito Indíquese el número de días Продолжительность планируемого пребывания или транзита Количество дней

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.
Les rubriques assorties d'un * ne doivent pas être remplies par les membres de la famille de ressortissants de l'Union européenne, de l'EEE ou de la Confédération suisse conjoint, enfant ou ascendant dépendant) dans l'exercice de leur droit à la libre circulation. Les membres de la famille de ressortissants de l'Union européenne, de l'EEE ou de la Confédération suisse doivent présenter les documents qui prouvent ce lien de parenté et remplissent les cases n° 34 et 35.
Los familiares de ciudadanos de la UE, del EEE o de la Confederación Suiza (cónyuges, hijos o ascendientes a cargo) que viajen ejerciendo su derecho de libre circulación to deben rellenar los campos marcados con un asterisco. Los familiares de ciudadanos de la UE, del EEE o de la Confederación Suiza deben presentar documentos que demuestran este parentesco y rellenar las casillas 34 y 35.
Члены семей граждан Европейского союза, Европейского экономического пространства или Швейцарии (супруг(-а), дети или экономически зависимые родственники по восходящей линии), пользующиеся правом на свободное передвижение, не должны отвечать на вопросы, помеченные звездочкой (*). Члены семей граждан ЕС, ЕЭП или Швейцарии должны представить документы, подтверждающие родство и ответить на вопросы в пунктах 34 и 35.

- x) Fields 1-3 shall be filled in accordance with the data in the travel document.
x) Les données des cases 1 à 3 doivent correspondre aux données figurant sur le document de voyage.
x) Los campos 1 a 3 deben rellenarse con arreglo a los datos que figuren en el documento de viaje.
x) Пункты 1, 2 и 3 заполнить в полном соответствии с указанными в проездном документе данными.

26 Schengen visas issued during the past three years Visas Schengen délivrés au cours des trois dernières années
Visados Schengen expedidos en los tres últimos años Шенгенские визы, выданные за последние три года

- No Non No Нет
- Yes. Date(s) of validity from to
Oui. Date(s) de validité du au
Sí. Fechas de validez: desde hasta
Да. Срок действия с до

27 Fingerprints collected previously for the purpose of applying for a Schengen visa
Empreintes digitales relevées précédemment aux fins d'une demande de visa Schengen
Impresiones dactilares tomadas anteriormente para solicitudes de visados Schengen
Отпечатки пальцев сняты ранее при заявлении о выдаче Шенгенской визы

- No Non No Нет Yes Oui Sí Да
- Date, if known
Date, si elle est connue
fecha, si se conoce:
указать дату, если известно

28 Entry permit for the final country of destination, where applicable Autorisation d'entrée dans le pays de destination finale, le cas échéant
Permiso de entrada al país del destino final, si ha lugar Разрешение на въезд в страну конечного назначения (необязательно)

- Issued by Valid from until
Délivré par valable du au
Expedido por válido desde hasta
Кем выдано Срок действия с до

29 Intended date of arrival in the Schengen area Date d'arrivée prévue dans l'espace Schengen
Fecha prevista de entrada en el espacio Schengen Предполагаемая дата въезда на Шенгенскую территорию

30 Intended date of departure from the Schengen area Date de départ prévue de l'espace Schengen
Fecha prevista de salida del espacio Schengen Предполагаемая дата выезда с Шенгенской территории

<p>*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). Nom et prénom de la ou des personnes qui invitent dans le ou les États membres. À défaut, nom d'un ou des hôtels ou adresse(s) temporaire(s) dans le ou les États membres. Apellidos y nombre de la persona o personas que han emitido la invitación en los Estados miembros. Si no procede, nombre del hotel u hoteles o dirección del lugar o lugares de alojamiento provisional en los Estados miembros. Фамилия и имя лица (лиц), приглашающего (-их) в Шенгенское государство (-а). В ином случае, название гостиницы или адрес временного пребывания в данном государстве.</p>		
<p>Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s) Adresse et adresse électronique de la ou des personnes qui invitent/du ou des hôtels/du ou des lieux d'hébergement temporaire Domicilio postal y correo electrónico de la persona o personas que han emitido la invitación, del hotel u hoteles o del lugar o lugares de alojamiento provisional Адрес и адрес электронной почты приглашающего лица/гостиницы/места временного проживания</p>		
<p>Telephone and telefax Téléphone et télécopieur Números de teléfono y fax Телефон и факс</p>		
<p>*32 Name and address of inviting company/organisation Nom et adresse de l'organisation/entreprise hôte Nombre y dirección de la empresa u organización que ha emitido la invitación Название и адрес предприятия или организации принимающей стороны</p>		<p>Telephone and telefax of company/organisation Téléphone et télécopieur de l'entreprise/organisation Números de teléfono y fax de la empresa u organización Телефон и факс предприятия или организации</p>
<p>Surname, first name, address, telephone, telefax and e-mail address of contact person in company/organisation Nom, prénom, adresse, téléphone, télécopieur et adresse électronique de la personne de contact dans l'entreprise/organisation Apellidos, nombre, dirección, números de teléfono y fax y correo electrónico de la persona de contacto en la empresa u organización Ф.И.О., адрес, телефон, факс и адрес электронной почты контактного лица предприятия или организации принимающей стороны:</p>		
<p>*33 Cost of travelling and living during the applicant's stay is covered Les frais de voyage et de subsistance durant votre séjour sont financés Los gastos de viaje y subsistencia del solicitante durante su estancia están cubiertos Кто оплачивает расходы по поездке и пребыванию заявителя за рубежом?</p>		
<p><input type="checkbox"/> by the applicant himself/herself par vous-même por el propio solicitante Заявитель</p> <p>Means of support Moyens de subsistance Medios de subsistencia Указать средства к существованию</p> <p><input type="checkbox"/> Cash Argent liquide Efectivo Наличные деньги</p> <p><input type="checkbox"/> Traveller's cheques Chèques de voyage Cheques de viajes Дорожные чеки</p> <p><input type="checkbox"/> Credit card Carte de crédit Tarjeta de crédito Кредитные карточки</p> <p><input type="checkbox"/> Prepaid accommodation Hébergement prépayé Alojamiento ya pagado Проживание оплачено</p> <p><input type="checkbox"/> Prepaid transport Transport prépayé Transporte ya pagado Транспорт оплачен</p> <p><input type="checkbox"/> Other (please specify) Autres (à préciser): Otros (especifique) Иные (указать)</p>	<p><input type="checkbox"/> by a sponsor (host, company, organisation), please specify par un garant (hôte, entreprise, organisation), veuillez préciser por un patrocinador (especifique si se trata del anfitrión, empresa u organización) Спонсор (принимающее лицо, предприятие, организация), указать кто</p> <p><input type="checkbox"/> referred to in field 31 or 32 visé dans la case 31 ou 32 indicado en las casillas 31 o 32 Указан в пункте 31 или 32</p> <p><input type="checkbox"/> other (please specify) autres (à préciser): otro (especifique) Другой (указать кто)</p> <p>Means of support Moyens de subsistance Medios de subsistencia Указать средства к существованию</p> <p><input type="checkbox"/> Cash Argent liquide Efectivo Наличные деньги</p> <p><input type="checkbox"/> Accommodation provided Hébergement fourni Se facilita alojamiento al solicitante Проживание</p> <p><input type="checkbox"/> All expenses covered during the stay Tous les frais sont financés pendant le séjour Todos los gastos de estancia están cubiertos Все расходы оплачиваются во время пребывания</p> <p><input type="checkbox"/> Prepaid transport Transport prépayé Transporte ya pagado Транспорт оплачен</p> <p><input type="checkbox"/> Other (please specify) Autres (à préciser): Otros (especifique) Иные (указать)</p>	
<p>34 Personal data of the family member who is an EU, EEA or CH citizen Données personnelles du membre de la famille qui est ressortissant de l'Union européenne, de l'EEE ou de la Confédération suisse Datos personales del familiar que es ciudadano de la UE, del EEE o de la Confederación Suiza Личные данные члена семьи, который является гражданином ЕС, ЕЭП или Швейцарии</p>		
Surname Nom Apellido(s) Фамилия	First name(s) Prénom(s) Nombre Имя/имена	
Date of birth Date de naissance Fecha de nacimiento Дата рождения	Nationality Nationalité Nacionalidad Гражданство	Number of travel document or ID card Numéro du document de voyage ou de la carte d'identité Número del documento de viaje o del documento de identidad Номер проездного документа или удостоверения личности
<p>35 Family relationship with an EU, EEA or CH citizen Lien de parenté avec un ressortissant de l'Union européenne, de l'EEE ou de la Confédération suisse Parentesco con el ciudadano de la UE, del EEE o de la Confederación Suiza Степень родства с гражданином/кой ЕС, ЕЭП или Швейцарии</p> <p>spouse child grandchild dependent ascendant Conjoint enfant Petit-fils Ascendant à charge cónyuge hijo ou petite-fille niéto ascendiente a cargo супруг(а) ребенок внук/внучка родственник по восходящей линии</p>		
<p>36 Place and date Lieu et date Lugar y fecha Место и дата</p>		
<p>37 Signature (for minors, signature of parental authority/legal guardian) Signature (pour les mineurs, signature de l'autorité parentale/du tuteur légal) Firma (en caso de menores, firma de la persona que ejerce la patria potestad o del tutor legal) Подпись (за несовершеннолетних подписывает законный представитель (родитель, усыновитель, опекун или попечитель))</p>		

I am aware that the visa fee is not refunded if the visa is refused.

Je suis informé que les droits de visa ne sont pas remboursés si le visa est refusé.

Tengo conocimiento de que la denegación del visado no da lugar al reembolso de los gastos de tramitación del visado.

Мне известно, что в случае отрицательного ответа на заявление оплаченный сбор не возвращается.

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 subsequent visits to the territory of Member States.

Applicable in cas de demande de visa à entrées multiples (voir case n° 24).

Je suis informé de la nécessité de disposer d'une assurance maladie en voyage adéquate pour mon premier séjour et lors de voyages ultérieurs sur le territoire des États membres.

Para los solicitantes de visado para entradas múltiples (véase la casilla 24):

Tengo conocimiento de que necesito un seguro médico de viaje adecuado para mi primera estancia y para cualquier visita posterior al territorio de los Estados miembros.

Тодписьвається в случае запроса многократной визы (см. пункт 24):

Мне известно, что я должен располагать надлежащим полисом медицинского страхования для моего первого пребывания и для последующих посещений на территории Шенгенских государств.

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 annual, 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, if 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 Europe 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 for Foreign Affairs of Finland, PO Box 176, 00023 Government, Finland, e-mail: visas.passports@form.fi

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 (Office of the Data Protection Ombudsman, PO Box 315, 00181 Helsinki, Finland, e-mail: tietosuojatoimisto.fi) 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 requirements for entry will be checked again on entry into the European territory of the Member States.

Tengo conocimiento de la siguiente y consiento en ello: la recogida de los datos que se exigen en el presente impreso, la toma de mi fotografía y, si procede, de mis impresiones dactilares, son obligatorias para el examen de la solicitud de visado; y los datos personales que me conciernen y que figuran en el impreso de solicitud de visado, así como mis impresiones dactilares y mi fotografía, se comunicarán a las autoridades competentes de los Estados miembros y serán tratados por dichas autoridades a efectos de la decisión sobre mi solicitud de visado.

Such data, as well as the decision that I adopt on my application or a decision relative to a refusal, revocation or annulment of a visa issued will be entered into and stored in the VIS (1) during a period of five years, and will be accessible to 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 in the territory of the Member States are fulfilled, of identifying persons who do not or who no longer fulfil these conditions, of examining asylum applications 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 Europe 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 Ministerio Asuntos Exteriores de Finlandia, Apdo 176, 00023 Gobierno, Finlandia, e-mail: visas.passports@form.fi

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 (Office of the Data Protection Ombudsman, PO Box 315, 00181 Helsinki, Finland, e-mail: tietosuojatoimisto.fi) 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 requirements for entry will be checked again on entry into the European territory of the Member States.

En connaissance de cause, j'accepte ce qui suit: aux fins de l'examen de ma demande de visa, il y a lieu de recueillir les données requises dans ce formulaire, de ma photographie et, le cas échéant, de prendre mes empreintes digitales. Les données à caractère personnel me concernant qui figurent dans le présent formulaire de demande de visa, ainsi que mes empreintes digitales et ma photo, seront communiquées aux autorités compétentes des États membres et traitées par elles, aux fins de la décision relative à ma demande de visa.

Such data as well as data concerning the decision taken on my application or a decision whether to annual, revoke or extend a visa issued will be entered into, and stored in the Visa Information System (VIS) (1) pendant une période maximale de cinq ans, durant laquelle elles seront accessibles aux autorités chargées des visas, aux autorités compétentes chargées de contrôler les visas aux frontières extérieures et dans les États membres, aux autorités compétentes en matière d'immigration et d'asile dans les États membres aux fins de la vérification du respect des conditions d'entrée et de séjour régulières sur le territoire des États membres, aux fins de l'identification des personnes qui ne remplissent pas ou plus ces conditions, aux fins de l'examen d'une demande d'asile et de la détermination de l'autorité responsable de cet examen. Dans certaines conditions, ces données seront aussi accessibles aux autorités désignées des États membres et à l'Europe aux fins de la prévention et de la détection des infractions terroristes et des autres infractions pénales graves, ainsi qu'aux fins des enquêtes en la matière. L'autorité de l'État membre est compétente pour le traitement des données | Ministère des Affaires Étrangères de Finlande, B.P. 176, 00023 Gouvernement, Finlande, e-mail: visas.passports@form.fi

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Я проинформирован и согласен с тем, что сбор данных, предусмотренных в заявлении, а также фотографирование и, при необходимости, сканирование отпечатков пальцев являются для рассмотрения заявления о выдаче визы, и что мои личные данные, указанные в настоящей анкете, а также мои отпечатки пальцев и фото, будут переданы компетентным органам Шенгенских государств и обработаны ими в случае необходимости для принятия решения по моему заявлению.

Such data as well as the decision that I adopt on my application or a decision relative to a refusal, revocation or annulment of a visa issued will be entered into and stored in the VIS (1) during a period of five years, and will be accessible to 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 in the territory of the Member States are fulfilled, of identifying persons who do not or who no longer fulfil these conditions, of examining asylum applications 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 Europe 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 Ministeriön utrikesdepartement, PO Box 176, 00023 Government, Finland, e-mail: visas.passports@form.fi

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Made and date
Je u et date
Signat y fecha
fecto y data

Signature (for minors, signature of parental authority/legal guardian)
Signature (pour les mineurs, signature de l'autorité parentale/du tuteur légal)
Firma (para los menores, firma de la persona que ejerce la patria potestad o del tutor legal)
Подпись (за несовершеннолетних подписывает законный представитель
родитель усыновитель опекун или попечитель

(1) In so far as the VIS is operational. (1) Dans la mesure où le VIS est opérationnel.

(1) En la medida en que el VIS esté en funcionamiento. (1) В случае применения Визовой информационной системы