

Harmonised application form 统一申请表格

APPLICATION FOR SCHENGEN VISA

申根签证申请表

This application form is free 此表格免费

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

Photo	

欧盟,欧洲经济区或瑞士联邦公民家属不填写第 21.22.30.31 及 32 项 (*标注)							
Fields 1 – 3 shall be filled in in accordance with the data in the travel document.							
第 1-3 项须按照旅行证件信息填写。							
1. Surname (Fa	amily nam	e): 姓氏:					ISKLJUČIVO ZA SLUŽBENU UPORABU
2. Surname at	birth (Forn	ner family	name(s)): 出生时姓氏	E. :			Datum podnošenja zahtjeva:
2. Surname at birth (Former family name(s)): 出生时姓氏:					, , , , , , , , , , , , , , , , , , , ,		
3. First name(s) (Given name(s)): 名字:			Broj zahtjeva:				
Date of birth		5 Dloo	o of hirth:		7 Current national	ity,项目统。	
(day-month-		出生地点	Place of birth: 7. Current nationality: 现国籍: E地点:		ny.	Mjesto podnošenja zahtjeva: Ueleposlanstvo	
(出生日期(日	-月-年):	6. Country of birth:			Nationality at birth, if different: 出生时国籍,如不同:		Pružatelj usluga
		出生国:			山工的 四種, 知小问.		Komercijalni posrednik
					Other nationaliti	es: 其他国籍:	Granica (naziv):
	<u> </u>		The sea				
8. Sex: 性别:	9. Civil st ☐ Single		状况: ☐ Married 已	1 11 55	□ Pogistored pa	rtnership 注册伴侣关系	Drugo
☐ Male 男		5 年分	□ Married □	7,741	☐ Registered pa	ittleiStilp 在加什伯大系	Drugo
☐ Female 女	□ Female セ □ Separated 分居 □ Divorced 离异 □ Widow(er) 丧偶						
□ Other (please specify): 其他 (请注明):				Zahtjev obradio/obradila:			
10. Parental authority (in case of minors) /legal guardian (surname, first name, address, if different from							
			iddress, and nationalit 、(姓,名、住址,如与印		不同)电话号码、电子	邮件及国籍:	Popratne isprave:
					·		☐ Putna isprava
			Sredstva za uzdržavanje				
11. National identity number (where applicable): 公民身份证号码, 如适用:			Pozivnica				
40 Time of travel decreases to the TV III NOTE				Putno zdravstveno osiguranje			
12. Type of travel document: 旅行证件类型: ☐ Ordinary passport ☐ Diplomatic passport ☐ Service passport ☐ Official passport 因				Prijevozna sredstva			
普通护照 外交护照 公务护照 公护照 □ Drugo							
□ Special passport □ Other travel document (please specify): 其他旅行证件/ 因公护照 (请注明):							
13. Number of 旅行证件号码:	travel doc	ument:	14. Date of issue: 签发日期:		Valid until (期至:	16. Issued by (country): 签发机关(国家):	
派11 框件 51词:			並及口翔.	19 XX	. 郑主.	金及机大(国家):	Odluka o vizi:
							Odbijena
17. Personal data of the family member who is an EU, EEA or CH citizen if applicable:			I D A				
如有家庭成员为欧盟、欧洲经济区或瑞士联邦公民的,请填写该家庭成员的个人信息:			□ c				
Surname (Family name): 姓氏:		Firs	t name(s) (Given na	me(s)): 名字:	Ograničeno područje		
│					vaijarijosti		

Date of birth	Nationality:	Number of travel document or ID	☐ Vrijedi:
(day-month-year):	国籍:	card: 旅行证件或个人身份证件号码:	
出生日期(日-月-年):			Od:
			Do:
10. Family relationship with an	THE TEX or CH sitizen if applied	bla. 由注入上应用 应测及效应式型上键	Broj ulazaka
邦公民亲属关系,如涉及:	EU, EEA or CH citizen if applical	ble: 申请人与欧盟,欧洲经济区或瑞士联	☐ 1 ☐ 2 ☐ Više
THAT VANISTON SHOOL.			Broj dana
	_	_	
	randchild		
一配偶 子女 · · · · · · · · · · · · · · · · · ·	小子女 赡养的老人	注册伴侣关系	
☐ other: 其他:			
19. Applicant's home address and e	e-mail address:	Telephone no.: 电话号码	
申请人家庭住址及电子邮件地址:		Total Company	
20. Residence in a country other th	ıan the country of current nationa	lity	
, 在现国籍以外国家居住:	•	,	
□ No 否			
☐ Yes 否 Residence permit or equi			
No 号码Valid until: 有	效期至		
*21. Current occupation: 现职业:			
21. Current occupation. 观歌业.			
*22. Employer and employer's addre	ess and telephone number. For st	tudents, name and address of	
educational establishment: 工作单位			
23. Purpose(s) of the journey: 旅行目			
, , , , , , , , , , , , , , , , , , , ,			
☐ Tourism 旅游 ☐ Business 商	所务 ☐ Visiting family or friend 探亲访友	ls □ Cultural 文化 □ Sports 体育	
C Official adiate	14.示切及		
│ ☐ Official visit ☐ Medical rea	asons 医疗 🔲 Study 学习	☐ Airport transit 机场过境	
☐ Other (please specify): 其他/(请注	18日)。		
United (pieuse speedry). 共配/(明祖	L/91// •		
24. Additional information on purpos	e of stay: 关于逗留目的的补充信息:		
	•		
25.Member State of main destination	on (and other Member States of	26. Member State of first entry:	
destination, if applicable): 主要目的地		首入申根成员国:	
成员国,如适用):			
O7 Number of entries required to)キ プ Tヴ //- W		
27. Number of entries requested: 申	请入境伙奴 :		
Cingle onto # 1/2	口 Two entries 要次	☐ Multiple entries 4/2	
☐ Single entry 单次	☐ Two entries 两次	☐ Multiple entries 多次	
Internal alote of and 1 f the C	at intended start in the O. I	an I Internal and all the left days ()	
Intended date of arrival of the first area: 在申根地区预计首次停留的预计抵			
alea. 在中根地区预订自次停留的预订版	戊巳期:	Schengen area after the first intended stay: 在申根地区预计首次停	
		留之后的预计离开日期:	
28 Fingerprints collected provisuals	for the nurness of applying for a	Schangen visa:	-
28. Fingerprints collected previously 此前申请申根签证时是否有指纹		a ochengen visa.	
2011年 1 11 11 11 11 11 11 11 11 11 11 11 1			

□ No 否			
☐ Yes. 是 Date, if known 日期(如知晓): Visa sticker number, if known) 签证贴纸号码(如知晓):			
29. Entry permit for the final country of destination, where applicable: 最终目的地国入境许可(如适用): Issued by: 签发机关: Valid from: 有效期自: Until:至:			
*30. Surname and first name of the inviting person(s) ir hotel(s) or temporary accomodation(s) in the Member 申根成员国邀请人姓氏及名字。如不适用,请填写在申根	State(s):		
Address and e-mail address of inviting person(s) / hotel(s) / temporary accommodation(s): 邀请人/酒店/暂住居所地址及电子邮件地址:			
31. Name and address of inviting company/organisation: 邀请公司/机构 名称及地址:			
Surname, first name, address, telephone no., and e-mail address of contact person in company/organisation: 邀请公司/机构,的联系人姓氏,名字,地址,电话号码及 电子邮件地址 构的联系电话:			
*32. Cost of travelling and living during the applicant's stay is covered: 申请人旅费以及停留期间的生活费用由:			
by the applicant himself/herself 申请人自己承担	By a sponsor (host, company, organisation), □ please specify: 由赞助人(邀请人,公司,组织) 承担,请注明:		
Means of support: 支付方式:	□ referred to in field 30 or 31 参见第 30 及 31 项		
□ Cash 现金	□ other (please specify): 其他(请注明):		
□ Traveller's cheques 旅行支票			
□ Credit card 信用卡	Means of support:: 支付方式:		
□ Pre-paid accommodation 预付住宿	□ Cash 现金		
□ Pre-paid transport 预付交通	□ Accommodation provided 预付住宿		
□ Other (please specify): 其他 (请注明):	All expenses covered during the stay 支付旅行期		
	全部费用		
	□ Pre-paid transport 预付交通		
	Other (please specify): 其他(请注明):		
I am aware that the visa fee is not refunded if the visa is	is refused. 本人知道即使签证被拒也不能退还签证费。		

Applicable in case a multiple-entry visa is applied for: 适应于多次入境签证申请:

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. 本人知道须预备有足够保额的旅行医疗保险作为首次居留及其后各次出发到申根国家领土访问旅行之用

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. 本人知悉并同意以下条款: 该申请表中所有关于本人的个人信息、照片或采集的指纹样本均为审核本人的签证申请所需。本人在该申请表中所填写的所有个人信息、指纹样本和照片,均可提供给申根国家的相关主管部门,以便其受理本人的签证申请并对申请作出决定。

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 the Ministry of Foreign and European Affairs of the Republic of Croatia (contact details: Trg N.Š. Zrinskog 7-8, 10000 Zagreb, Hrvatska/Croatia, tel.: 00385 (0)1 4569 964, web: https://mvep.gov.hr/). is checked an interest and to European Affairs of the Republic of Croatia (contact details: Trg N.Š. Zrinskog 7-8, 10000 Zagreb, Hrvatska/Croatia, tel.: 00385 (0)1 4569 964, web: https://mvep.gov.hr/). is checked an interest and to European Affairs of the Republic of Croatia (contact details: Trg N.Š. Zrinskog 7-8, 10000 Zagreb, Hrvatska/Croatia, tel.: 00385 (0)1 4569 964, web: https://mvep.gov.hr/). is checked an interest and the data is the Ministry of Foreign and European Affairs of the Republic of Croatia (contact details: Trg N.Š. Zrinskog 7-8, 10000 Zagreb, Hrvatska/Croatia, tel.: 00385 (0)1 4569 964, Mpl: https://mvep.g

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 (contact details: Croatian Personal Data Protection Agency, address: Selska cesta 136, 10 000 Zagreb, Hrvatska/Croatia, tel.: 00385 1 4609-000, fax: 00385 1 4609-099, email address: azop@azop.hr , web: www.azop.hr) will hear claims concerning the protection of personal data. 本人知悉本人有权要求任何一个申根成员国告知 vis 系统中都收录了本人哪些个人信息,是由哪个申根成员国收录进去的。除此之外,本人亦有权申请更正系统中收录的错误信息并删除不合法信息。审核本人签证申请的领事机构会应本人要求提供相关说明性信息,如签证申请人应如何行使审核个人信息的权力,依据相关申根成员国的法律规定,要求更正甚或删除不正确的个人信息的权力。 相关申根成员国的国家监督部门[详细联系信息: 克罗地亚个人信息保护局,地址: Selska cesta 136, 10 000 Zagreb, Hrvatska/Croatia, 电话:: 00385 1 4609-000, 传真: 00385 1 4609-099, 电子邮箱: azop@azop.hr , web: www.azop.hr) 将审理有关保护个人资料信息的申诉。

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. 本人确保以上信息均系本人如实提供,确保信息正确而完整。本人知悉提供虚假信息可导致本人签证申请被拒签,或已得到的签证被注销,甚或受理本人签证申请的申根成员国会因此而对本人追究刑事责任。

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. 如本人的签证被批准签发,本人保证在签证到期前离开申根国境。本人亦获悉得到签证仅是具备了进入申根成员国家欧洲领土的前提条件之一,如果本人仅有了签证却未满足(EU) No. 2016/399 的《申根边境法》中第 6 条第 1 款规定中所述前提条件而被拒绝入境,本人不得要求赔偿。在进入申根成员国的欧洲领土时,入境条件将被再次审核。

Place and date. 地点及日期:	Signature: 签名:
	(signature of parental authority/legal guardian, if applicable): (未成年人父母/法定监护人签字,如适用):

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