



## Consulate General of Italy FRANKFURT AM MAIN

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## Application for a National Visa (D) Free form

1.Surname / (Family name) (x)				For official use only
2. Surname at birth (Former family name(s)) (x)				Date of application:
3. First Name(s) (Given name	<b>e</b> ( <b>s</b> )) (x)			Visa application number:
4. Date of birth (day-month-year)	5. Place of birth: 6. Country of birth	 Nationa	nt nationality  ality at birth (if	Application lodged at:  Embassy/Consulate Common Centre Service provider
8. Sex:  Male Female	9. Marital status: Single Separated Widow(er) Other (please s	☐ Dive	rried orced	Commercial intermediary Other Name:
10. In the case of minors: surname, first name, address (if different from applicant's) and nationality of legal guardian/ parental authority:				Supporting documents:  Travel document  Means of subsistence
11. National identity number	r, where applicable:		••••	☐ Means of transport
12. Type of travel document  Ordinary passport	t:  Diplomatic passport	Service passport	Official passport	☐ Travel insurance ☐ Accomodation ☐ Other
Special passport	Other (please specify):			
13. Passport/travel document number:	. Date of issue: 15. \	Valid until:	16. Issued by:	Visa decision:  ☐Refused ☐Refused by SIS
17. Applicant's home addre	ess and e-mail address:	Telepho	ne number:	Suspended file
	☐Issued  Type of visa:			
	t Permit No or equivalent	Valid until		☐ D Valid: from
19. Current occupation:				
20. Employer's name, address and telephone number				Number of entries:
For students, name and address of educational establishment:				$\begin{bmatrix} 1 \\ 2 \end{bmatrix}$
21. Purpose of the journey:		• ()		Multiple
□ Joining family member (s)       Accompanying family member(s)         □ Religious reasons       □ Sport       □ Mission       □ Diplomatic mission         □ Medical treatment       □ Study       □ Adoption       □ Subordinate work         □ Self employment       □ Others (please, specify/)				Number of days:

22. Town of destination:	23. Member state of entry:	
24. Number of entries required:	25. Duration of the intended stay.	
□One □Two □Multiple	Indicate number of days (max 365 days)	
26 Sahangan wigas issued duning the next 3	7700 771	
26. Schengen visas issued during the past 3	years.	
	411	
	until	
27. Finger prints conected previously for th	te pur pose of applying for a schengen visa:	
□No.		
Yes Date (if known)		
28. Number and date of issued "Nulla Ost	a" for the purpose of family joining/travelling with	
family member/Subordinate work (o	only if specifically required for the visa)	
Issued by the SIII of		
29 Intended date of arrival in the Schenger		
area:	Schengen area (only for visas lasting within 91 and 364 days)	
31. Surname and name of the person askin	g for family joining or of the employer.	
address in Italy:	reasons, Medical treatment, Sport, Mission:	
	Telephone number and fax of the person(s)	
Address and e-mail address of the person(s	) asking for family joining or of the employer.	
asking for family joining or of the employer	r; 	
32. Name and address of inviting	Telephone and fax numbers of inviting	
company/organisation:	company/organisation	
Surname, first name, address, telephone, fa company/organisation:	x and e-mail address of contact person within the	
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33. Cost of travelling and living during the	applicant's stay is covered:	
by the applicant himself/herself	by the sponsor (host, company, organisation) please specify:	
	organisation) piease specify:	
Means of support:		
	referred to in field 31 or 32	
Cash Translants shares	other (please specify)	
☐ Traveller's cheque ☐ Credit card		
Prepaid accommodation		
Prepaid transport	Means of support:	
Other (please specify)		
	Cash	
NOT NECESSARY IN CASE OF VISA FO		
Family joining, Accompanying, Subordinate	D	
work/Self employment, Mission, Diplomatic mission, Adoption.	Other (please, specify):	
mission, Adoption.		

34. Personal data of the family member who is an EU, EEA or CH citizen					
Surname (Family name)		First name (Given name(s))			
Date of birth (day-month-year):	Nationality:	1	Number of travel document or ID card:		
35. Family relationship with an EU, EEA or CH citizen :					
☐ spouse ☐ child ☐ other direct dependent		dependent as	cendent		
36. Place and date		37. Signature (for minors, signature of legal guardian/parental authority)			
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I am aware that the visa fee is not refunded if the visa is refused.					

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, mandatory for the examination of the visa application; plus any personal data concerning myself which appears 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) 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, Piazzale della Farnesina n. 1, 00194 Roma.

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 (Garante per la protezione dei dati personali, Piazza Montecitorio n. 121, 00187 Roma) 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 prerequisites for entry will be checked again on entry into the European territory of the Member States.

NOTES (For official use only)		
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Place and date	Signature (for minors, signature of legal guardian/parental authority)	