

Harmonised application form  
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):		FOR OFFICIAL USE ONLY A kérelem benyújtásának időpontja:  A kérelem száma:	
2. Surname at birth (Former family name(s)):			
3. First name(s) (Given name(s)):			
Date of birth (day-month-year):	5. Place of birth:  6. Country of birth:	7. Current nationality:  Nationality at birth, if different:  Other nationalities:	A benyújtás helye: <input type="checkbox"/> Nagykövetség / konzulátus <input type="checkbox"/> Szolgáltató <input type="checkbox"/> Kereskedelmi közvetítő
8. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	9. Civil status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Registered Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify):		<input type="checkbox"/> Határátkelőhely (nevezze meg): ..... ..... <input type="checkbox"/> Egyéb

<sup>1</sup>No logo is required for Norway, Iceland, Liechtenstein and Switzerland.

10. Parental authority (in case of minors) /legal guardian (surname, first name, address, if different from applicant's, telephone no., e-mail address, and nationality):				Ügyintéző:
11. National identity number, where applicable:				Támogató dokumentumok:  <input type="checkbox"/> Úti okmány <input type="checkbox"/> Anyagi fedezet <input type="checkbox"/> Meghívás
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"/> Special passport  <input type="checkbox"/> Other travel document (please specify):				
13. Number of travel document:	14. Date of issue:	15. Valid until:	16. Issued by (country):	<input type="checkbox"/> Utazási egészségbiztosítás <input type="checkbox"/> Közlekedési eszköz  <input type="checkbox"/> Egyéb: Vízumhatározat: <input type="checkbox"/> Elutasítva  <input type="checkbox"/> Kiadva: <input type="checkbox"/> A <input type="checkbox"/> C  <input type="checkbox"/> LTV <input type="checkbox"/> Érvényes: .....-tól/-től  ...-ig
17. Personal data of the family member who is an EU, EEA or CH citizen if applicable				
Surname (Family name):		First name(s) (Given name(s)):		
Date of birth (day-month-year):	Nationality:	Number of travel document or ID card:		
18. Family relationship with an EU, EEA or CH citizen if applicable:  <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant <input type="checkbox"/> Registered Partnership <input type="checkbox"/> other:				
19. Applicant's home address and e-mail address:			Telephone no.:	
20. Residence in a country other than the country of current nationality:  <input type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent ..... No. ..... Valid until.....				
*21. Current occupation:				Beutazások száma:  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Többszöri
* 22. Employer and employer's address and telephone number. For students, name and address of educational establishment:				Napok száma:

<p>23. Purpose(s) of the journey:</p> <p><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"/> Airport transit <input type="checkbox"/> Other (please specify):</p>		
<p>24. Additional information on purpose of stay:</p>		
<p>25. Member State of main destination (and other Member States of destination, if applicable):</p>	<p>26. Member State of first entry:</p>	
<p>27. Number of entries requested:</p> <p><input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries</p> <p>Intended date of arrival of the first intended stay in the Schengen area:</p> <p>Intended date of departure from the Schengen area after the first intended stay:</p>		
<p>28. Fingerprints collected previously for the purpose of applying for a Schengen visa: <input type="checkbox"/> No <input type="checkbox"/> Yes.</p> <p>Date, if known ..... Visa sticker number, if known .....</p>		
<p>29. Entry permit for the final country of destination, where applicable:</p> <p>Issued by ..... Valid from .....until .....</p>		
<p>* 30. 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):</p>		
<p>Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s):</p>	<p>Telephone no.:</p>	
<p>*31. Name and address of inviting company/organisation:</p>		

Surname, first name, address, telephone no., and e-mail address of contact person in company/organisation:	Telephone no. of company/organisation:	
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\*32. Cost of travelling and living during the applicant's stay is covered:

<input type="checkbox"/> by the applicant himself/herself Means of support: <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Pre-paid accommodation <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> by a sponsor (host, company, organisation), please specify: ..... <input type="checkbox"/> referred to in field 30 or 31 ..... <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"/> Pre-paid transport <input type="checkbox"/> Other (please specify):
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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: National Directorate General for Aliens Policing;  
Address: H- 1117 Budapest, Budafoki út 60. Tel.: +36 1 4639100].

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 [Authority for Data Protection and Freedom of Information; Address: H-1125 Budapest, Szilágyi Erzsébet fasor 22/C.; Tel.: +36 (1) 391-1400; Fax: +36 (1) 391-1410; e-mail: [ugyfelszolgalat@naih.hu](mailto:ugyfelszolgalat@naih.hu) website: [www.naih.hu](http://www.naih.hu) ] will hear claims concerning the protection of personal data. 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:

(signature of parental authority/legal guardian, if applicable):