



Harmonised application form / 统一申请表

Application for Schengen Visa / 申根签证申请

This application form is free / 此表格免费提供

Family members of EU, EEA or CH citizens or of UK nationals who are Withdrawal Agreement beneficiaries shall not fill in fields no.21, 22, 30, 31 and 32 (marked with*). / 欧盟、欧洲经济区、瑞士或受益于脱欧协议的英国公民的家庭成员，无需填写第 21、22、30、31 和 32 项（标有*的部分）

Fields 1-3 shall be filled in in accordance with the data in the travel document. / 第 1-3 项须依据旅行证件填写相关资料。

1. Surname (Family name) / 姓:			<i>Photo</i>	
2. Surname at birth (Former family name(s)) / 出生时姓氏:				
3. First name(s) (Given name(s)) / 名:				
4. Date of birth (day-month-year) / 出生日期(日-月-年):	5. Place of birth / 出生地: 6. Country of birth/出生国	7. Current nationality / 现国籍: Nationality at birth, if different / 出生时国籍, 如与现国籍不同: Other nationalities / 其他国籍:	FOR OFFICIAL USE ONLY 签证机关专用 Date of application: Application number:	
8. Sex / 性别: <input type="checkbox"/> Male/男 <input type="checkbox"/> Female/女 <input type="checkbox"/> Other /其他	9. Civil status / 婚姻状况: <input type="checkbox"/> Single /未婚 <input type="checkbox"/> Married /已婚 <input type="checkbox"/> Registered Partnership / 注册 伙伴关系 <input type="checkbox"/> Separated /分居 <input type="checkbox"/> Divorced /离婚 <input type="checkbox"/> Widow(er) / 丧偶 <input type="checkbox"/> Other (please specify) /其它 (请注明):		Application lodged at: <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border (Name): <input type="checkbox"/> Other:	
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) / 监护人(如未成年申请人) /合法 监护人(姓名、住址, 如与申请人不同) 电话号码、电子邮件及国籍:			File handled by: Supporting documents:	
11. National identity number, where applicable /公民身份证号码, 如适用:			<input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> TMI <input type="checkbox"/> Means of transport <input type="checkbox"/> Other:	
12. Type of travel document / 旅行证件类型: <input type="checkbox"/> Ordinary passport/普通护照 <input type="checkbox"/> Diplomatic passport/外交护照 <input type="checkbox"/> Service passport/公务护照 <input type="checkbox"/> Official passport/因公护照 <input type="checkbox"/> Special passport/特殊护照 <input type="checkbox"/> Other travel document (please specify) / 其它旅行证件 (请注明):				
13. Number of travel document/ 旅行证件编号:	14. Date of issue/ 签发日期:	15. Valid until /有效期至:	16. Issued by (country) / 签发(国):	Visa decision: <input type="checkbox"/> Refused <input type="checkbox"/> Issued: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LTV
17. Personal data of the family member who is an EU, EEA or CH citizen or a UK national who is a Withdrawal Agreement beneficiary, if applicable /如有家庭成员为欧盟、欧洲经济区、瑞士或受益于脱欧协议的英国公民的, 请填写该家庭成员的个人信息:			<input type="checkbox"/> Valid: From: Until:	
Surname (Family name) /姓:		First name(s) (Given name(s)) /名:		
Date of birth (day-month-year) /出生日期(日-月-年):	Nationality/国籍:	Number of travel document or ID card / 旅行证件或身份证编号:		
			Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2. <input type="checkbox"/> Multiple. Number of days:	

18. Family relationship with an EU, EEA or CH citizen or a UK national who is a Withdrawal Agreement beneficiary, if applicable /申请人与欧盟、欧洲经济区、瑞士或受益于退欧协议的英国公民的关系，如适用： <input type="checkbox"/> spouse /配偶 <input type="checkbox"/> child / 子女 <input type="checkbox"/> grandchild /孙子女 <input type="checkbox"/> dependent ascendant /受养人 <input type="checkbox"/> Registered Partnership /注册伴侣 <input type="checkbox"/> other /其他：	
19. Applicant's home address and e-mail address /申请人住址及电子邮件	Telephone no./ 电话号码：
20. Residence in a country other than the country of current nationality /是否居住在现时国籍以外的国家： <input type="checkbox"/> No/否 <input type="checkbox"/> Yes. Residence permit or equivalent No. Valid until.....是。 居住许可或同等证 编码有效期至.....	
*21. Current occupation/ 当前职业：	
* 22. Employer and employer's address and telephone number. For students, name and address of educational establishment /工作单位名称，地址和电话，学生填写学校名称及地址：	
23. -Purpose(s) of the journey/旅行的目的： <input type="checkbox"/> Tourism /旅游 <input type="checkbox"/> Business /商务 <input type="checkbox"/> Visiting Family or Friends/探亲访友 <input type="checkbox"/> Cultural /文化 <input type="checkbox"/> Sports /体育 <input type="checkbox"/> Official visit /官方访问 <input type="checkbox"/> Medical reasons /医疗 <input type="checkbox"/> Study /学习 <input type="checkbox"/> Airport transit / 机场过境 <input type="checkbox"/> Other (please specify) / 其它 (请注明)	
24. Additional information on purpose of stay / 有关停留原因的补充信息：	
25. Member State of main destination (and other Member States of destination, if applicable) /主要申根目的地（以及其他申根目的地，如适用）：	26. Member State of first entry / 首入申根国：
27. Number of entries requested /申请入境次数： <input type="checkbox"/> Single entry / 单次 <input type="checkbox"/> Two entries / 两次 <input type="checkbox"/> Multiple entries / 多次	
28. Intended date of arrival of the first intended stay in the Schengen area 在申根地区预计首次停留的预计抵达日期： Intended date of departure from the 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：	
29. Fingerprints collected previously for the purpose of applying for a Schengen visa /以往申请申根签证是否有指纹纪录： <input type="checkbox"/> No /否 <input type="checkbox"/> Yes/ 是。 Date, if known /如有，请写明日期..... Visa sticker number, if known /如有，请写明签证贴纸号码.....	
30. Entry permit for the final country of destination, where applicable / 最后目的地之入境许可： Issued by / 签发机关.....Valid from / 有效期由.....until / 至.....	

* 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) / 申根国的邀请人姓名。如无邀请人, 请填写申根国的酒店或暂住居所名称:		
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s) / 邀请人/酒店/暂住居所的地址及电子邮件:	Telephone no / 电话号码:	
*32. Name and address of inviting company/organisation /邀请公司或机构的名称及地址		
Surname, first name, address, telephone no, and e-mail address of contact person in company/organisation /邀请公司或机构的联系人姓名、地址、电话号码及电子邮件:	Telephone no of company/organisation /邀请公司或机构的电话号码:	
*33. Cost of travelling and living during the applicant's stay is covered / 申请人的旅费以及在国外停留期间的生活费用:		
<input type="checkbox"/> by the applicant himself/herself / 由申请人支付 Means of support / 支付方式 <input type="checkbox"/> Cash / 现金 <input type="checkbox"/> Traveller's cheques / 旅行支票 <input type="checkbox"/> Credit card / 信用卡 <input type="checkbox"/> Prepaid accommodation / 预缴住宿 <input type="checkbox"/> Prepaid transport / 预缴交通 <input type="checkbox"/> Other (please specify) / 其它(请注明)	<input type="checkbox"/> by a sponsor (host, company, organisation), please specify / 由赞助方(邀请人、公司或机构)支付, 请注明: <input type="checkbox"/> referred to in field 30 or 31 参见第 30 及 31 项 <input type="checkbox"/> other (please specify) / 其它(请注明) Means of support / 赞助方式 <input type="checkbox"/> Cash / 现金 <input type="checkbox"/> Accommodation provided / 提供住宿 <input type="checkbox"/> All expenses covered during the stay / 支付旅程期间所有开支 <input type="checkbox"/> Prepaid transport / 预缴交通 <input type="checkbox"/> Other (please specify) / 其它(请注明)	
34. Surname and first name of the person filling in the application form, if different from the applicant/填表人的姓名(仅适用于填表人不是申请人本人):		
Address and email address of the person filling in the application form/填表人的地址和电子邮箱	Telephone No/电话:	
I am aware that the visa fee is not refunded if the visa is refused. / 本人熟知如果签证被拒不能退还签证费。		
Applicable in case a multiple-entry visa is applied for / 适用于申请多次入境签证:		
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. / 本人熟知需要为我的首次停留和以后在申根国领域内的任何访问购买足够的旅行医疗保险。		
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, Telephone: +36 (1) 463 9100].

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。

该信息以及签证结果甚或签证注销、撤消或延期的决定将一并收录到签证信息系统（VIS 系统）并最长保存五年。在此期间，所有申根成员国的相关签证部门、边境及境内的签证检查部门以及移民局和难民局均有权登入 VIS 系统，核查签证申请人是否已满足入申根国境并在境内停留的相应前提条件；核实不满足或不再满足该前提条件的签证申请人；审核难民申请并确定该审核的责任。在一定条件下，各申根成员国的特定部门以及欧盟刑警组织均可参考该信息，用于预防、侦察和调查恐怖活动及其它严重犯罪行为。负责管理该类信息的部门是：[向外国人警务国家总局, 地址 H-1117 Budapest, Budafoki út 60, 电话:+36 (1) 463 9100].

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: National Authority for Data Protection and Freedom of Information, Postal address: 1363 Budapest, Pf.: 9., Office address: 1055, Budapest, Falk Miksa utca 9-11, Tel: +36 1 391-1400, Fax: +36 1 391-1410, Email: ugyfelszolgalat@naih.hu, Web: <http://naih.hu>] 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.

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。相关申根成员国的主管部门 [详细联系信息：

国家数据保护与信息自由局, 邮寄地址：1363 Budapest, Pf.: 9. 办公室地址：1055 Budapest, Falk Miksa utca 9-11 电话：+36 1 391-1400 传真：+36 1 391-1410 邮箱：ugyfelszolgalat@naih.hu 网址：<http://naih.hu>] 将受理就个人信息保护事宜的申诉。

本人声明以上信息均系本人如实提供，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的申根国会因此而对本人追究刑事责任。

如本人的签证申请被批准，本人有义务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国境的前提条件之一。如果本人因未满足编号为(EU) No 2016/399 的《申根边境法》中第 6 条第 1 款中所述前提条件而被拒绝入境，获得签证并不意味着本人有权要求赔偿。在进入申根成员国的领土时，入境条件将被再次审核。

Place and date/ 地点及日期:

Signature:

签字

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

(亲权人/监护人代签, 如适用)