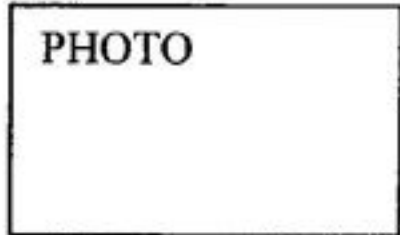


Application for Visa

This application form is free



1. Surname (Family name) (x)				FOR OFFICIAL USE ONLY Date of application: Visa application number: Application lodged at <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border Name: <input type="checkbox"/> Other File handled by: Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Other: Visa decision: <input type="checkbox"/> Refused <input type="checkbox"/> Issued: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Valid: From Until Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple Number of days:	
2. Surname at birth (Former family name(s)) (x)					
3. First name(s) (Given name(s)) (x)					
4. Date of birth (day-month-year)		5. Place of birth	7. Current nationality		
		6. Country of birth	Nationality at birth, if different:		
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		9. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify)			
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian					
11. National identity number, where applicable					
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		
17. Applicant's home address and e-mail address			Telephone number(s)		
18. 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					
* 19. Current occupation					

* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.	
21. Main purpose(s) of the journey: <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"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify)	
22. Member State(s) of destination	23. Member State of first entry
24. Number of entries requested <input type="checkbox"/> Single entry.... <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	25. Duration of the intended stay or transit Indicate number of days

* 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.

(x) Fields 1-3 shall be filled in accordance with the data in the travel document.

26. Schengen visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from to	
27. Fingerprints collected previously for the purpose of applying for a visa <input type="checkbox"/> No <input type="checkbox"/> Yes. Date, if known	
28. Entry permit for the final country of destination, where applicable Issued by Valid fromuntil	
29. Intended date of arrival in the Republic of Bulgaria	30. Intended date of departure from the Republic of Bulgaria
* 31. Surname and first name of the inviting person(s) in the Republic of Bulgaria. If not applicable, name of hotel(s) or temporary accommodation(s) in the Republic of Bulgaria	
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s)	Telephone and telefax

*32. Name and address of inviting company/organisation	Telephone and telefax of company/organisation
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Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation
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*33. 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 31 or 32 <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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34. Personal data of the family member who is an EU, EEA or CH citizen
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Surname	First name(s)
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Date of birth	Nationality	Number of travel document or ID card
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35. Family relationship with an EU, EEA or CH citizen <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant
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36. Place and date	37. Signature (for minors, signature of parental authority/legal guardian)
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