

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

Photo / 照片 3.50cm x 4.50cm

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.

Surname (Family name): / 姓: Surname at birth (Former family name(s)): / 出生时姓氏: 2 FOR OFFICIAL USE ONLY 签证机关专用 First name(s) Given name(s): / 名: 3. Date of application: Date of birth (day month year): / 5. Place of birth: / 出生地: 出生日期(日-月-年): 4. Application number: Country of birth: / 出生国: 6. Application lodged at: ☐ Embassy / Consulate Current nationality: / 现国籍: ☐ Service provider □ Commercial 7. Intermediary Nationality at birth if different: / Other nationalities: / /出生时国籍·如与现国籍不同: 其他国籍: □ Border (Name): Sex: / 性别: □ Male / 男 □ Female / 女 □ Married / 已婚 □ Single / 未婚 □ Registered partnership / 注册伴侣关系 □ Other: □ Separated / 分居 □ Divorced / 离婚 Civil status: / 婚姻状况: □ Widow(er) / 丧偶 □ Other (please specify): / 其它 (请注明): File handled by: Parental authority (in case of minors) /legal guardian (surname, first name, address, if different from applicant's, telephone no., e-mail address, and nationality): / 父母(如是未成年申请人) /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: 10. Supporting documents: □ Travel document National identity number, where ☐ Means of subsistance applicable: / □ Invitation 公民身份证号码,如适用: ☐ Means of transport Type of travel document: / □ Ordinary passport / 普通护照 □ Diplomatic passport / 外交护照 □ Other: 旅行证件类型: □ Service passport / 公务护照 □ Official passport / 因公护照 12. □ Special passport / 特殊护照 □ Other travel document (please specify): / 其它旅行证件 (请注明): Visa decision: □ Refused Number of travel document: / 旅行证件编号: 14. Date of issue: / 签发日期: □ Issued: $\Box A$ 13 \Box C $\; \Box \; LTV$ Valid until: / 有效期至: 16. Issued by (country): / 签发(国): 15. □ Valid From: Family members of EU, EEA or CH citizens shall not fill in fields no. 21, 22, 30, 31 and 32 (marked with*) / 欧盟、欧洲经济区或瑞士公民的家庭成员、不得填写第21、22、30、31和32项(标有*的部分: Until: Personal data of the family member who is an EU, EEA or CH citizen if applicable: / /如有家庭成员为欧盟、欧洲经济区或瑞士公民的。请填写该家庭成员的个人信息 Number of entries: **1** Surname (Family name): / 姓: $\sqcap 2$ □ multiple First name(s) Given name(s): / 名: Number of days: 17 Date of birth (day month year): / Nationality: / 国籍: 出生日期(日-月-年): Number of travel document or ID card: / 旅行证件或身分证编号:

18	Family relationship with an EU, EEA or CH citizen if applicable: / 申请人与欧盟、欧洲经济区或瑞士公 民的关系,如适用:	□ Spouse / 配偶 □ Child / 子女 □ Grandchild / 孙儿女 □ Dependent ascendant / 受养人 □ Registered Partnership / 注册伴侣 □ 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:	□ No / 否 □ Yes. Residence permit or equivalent 是。 居住许可或同等证 Number / 编码 Valid until / 有效期至		
*21.	Current occupation: / 当前职业:			
*22.	Employer and employer's address a 工作单位名称,地址和电话,学生填写	mployer's address and telephone number. For students, name and address of educational establishment:/ 也址和电话,学生填写学校名称及地址:		
23.	Purpose(s) of the journey: / 旅程主要目的:	□ Tourism / 旅游 □ Business / 商务 □ Visiting family or friends / 探亲访 □ Cultural / 文化 □ Sports / 体育 □ Official visit / 官方访问 □ Medical reasons / 医疗 □ Study / 学习 □ Airport transit / 机场过境 □ Other (please specify): / 其它 (请注明)		
24.	Additional information on purpose of	of stay: / 有关停留原因的补充信息:		
25.	Member State of main destination (a	n (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:			
	Number of entries requested: / 申请入境次数:	□ Single entry / 单灾 □ Two entries / 两次 □ Multiple entries / 多次		
27.	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:		
	Fingerprints collected previously for the purpose of applying for a			
28.	Schengen visa?: / 以往申请申根签证是否有指纹纪录:	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		
	Entry permit for the final country of lestination, where applicable: /			
29.	最后目的地之入境许可:	Valid from / 有效期由:		
		Until / 至		

*30.	Surname and first name of the inviting person(s) in the Me Member State(s): / 申根国的邀请人姓名。如无邀请人,请填写	ember State(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the 写中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 number: / 电话号码:				
*31.	Name and address of inviting company/organisation: / 邀诉	青公司或机构的名称及地址:			
	Surname, first name, address, telephone no. and e-mail ac 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 number of company/organisation: / 邀请公司或				
	Cost of travelling and living during the applicant's stay is	covered: / 旅费以及在国外停留期间的生活费用:			
*32.	□ By the applicant himself/herself / 由申请人支付 Means of support / 支付方式: □ Cash / 现金 □ Traveller's cheques / 旅行支票 □ Credit card / 信用卡 □ Pre-paid accommodation / 预缴住宿 □ Pre-paid transport / 预缴交通 □ Other (please specify) / 其它 (请注明):	□ 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: □ Referred to in field 30 or 31 / 参见第30及31项 □ Other (please specify) / 其它(请注明): Means of support: / 支付方式: □ Cash / 现金 □ Accommodation provided / 提供住宿 □ All expenses covered during the stay / 支付旅程期间所有开支 □ Pre-paid transport / 预缴交通 □ Other (please specify): / 其它(请注明):			
l am a	aware that the visa fee is not refunded if the visa is refused	i.			
Я информирован/-а о том, что в случае отказа в получении визы визовый сбор не возвращается.					
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. 本人悉知须预备有足够保额的旅游医疗保险作为首次及其后各次出发到申根国家领域之用

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.

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 decision taken on the Visa Information System (VIS) for a maximum period of five years, doubtorities competent for carrying out checks on visas at external borders and within States for the purposes of verifying whether the conditions for the legal entry into, stationary into the purposes of verifying whether the conditions for the legal entry into, stationary into persons who do not or who no longer fulfil these conditions, of examining examination. Under certain conditions the data will be also available to designated au prevention, detection and investigation of terrorist offences and of other serious crim processing the data is: jointly the Ministry of Foreign and European Affairs and Identit 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人申根申请人;审核难民申请并确定出该申请的主管部门。必要时,各申根成员国的特定部门以及图罪行为。负责管理该类信息的部门是: Ministry of Foreign and European Affairs and Identity Ministry Ministry of Foreign and European Affairs and Identity Ministry Ministry of Foreign and European Affairs and Identity Ministry Ministry of Foreign and European Affairs and Identity Ministry M	uring which it will be accessible to the visa authorities and the the Member States, immigration and asylum authorities in the Member by and residence on the territory of the Member States are fulfilled, of an asylum application and of determining responsibility for such thorities of the Member States and to Europol for the purpose of the inal offences. The authority of the Member State responsible for ty Malta Agency.) 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以盟刑警组织均有权参考该信息,用于预防、侦察和调查恐怖活动及其它严重犯		
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 Office of the Information and Data Protection Commissioner (idpc.info@idpc.org.mt) 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. A Lymax L far will be entry and 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. A Lymax L far will be a visual and the relevant provisions of Arti			
Place and date: / 地区及日期:	Signature: (signature of parental authority / legal guardian, if applicable) / 签字(未成年人由其监护人代签·如有):		