Harmonisedapplicationform

ApplicationforSchengenVisa

Thisapplicationformisfree

 [1]

Family members of EU, EEA or CH citizens or of UK nationals who are beneficiaries of the EU-UK With drawal Agreement shallnotfillinfieldsNo21,22,30,31and32(marked with*).

Fields1–3shallbefilledininaccordancewiththedatainthetraveldocument.

<table>
<tr><td colspan="3">1. Surname(Family name): SOYADINIZI YAZINIZ</td><td rowspan="3">Forofficialuseonly
Dateofapplication:
Applicationnumber:</td></tr>
<tr><td colspan="3">2. Surname at birth(Former family name(s)): KIZLIK SOYADINIZI YAZINIZ</td></tr>
<tr><td colspan="3">3. First name(s)(Given name(s)): ADINIZI YAZINIZ</td></tr>
<tr><td>4. Dateofbirth(day-month-year):
DOGUM TARİHİNİZİ GÜN AY YIL YAZINIZ</td><td>5. Placeofbirth:
DOGUM YERİNİZİ YAZINIZ

6. Countryofbirth: TURKEY YAZINIZ</td><td>7. Currentnation-ality:
Nationality at birth, ifdifferent:
Othernationalities:
TURKISH YAZINIZ</td><td>Application lodged at:
☐ Embassy/consu-late
☐ Serviceprovider
☐ Commercialin-termediary</td></tr>
<tr><td>8. Sex:
☐ Male
☐ Female
☐ Other
CINSİYETİNİZİ ISARETLEYİNİZ</td><td colspan="2">9. Civilstatus:
☐Single☐Married☐RegisteredPartnership☐Separated☐Divorced☐Widow(er)☐Other(pleasespecify):

MEDENI DURUMUNUZU İŞARETLEYİNİZ.
SINGLE (BEKAR) MARRIED (EVLI)</td><td>☐ Border(Name):
.....
☐ Other:</td></tr>
<tr><td colspan="3">10. Parentalauthority(incaseofminors)/legalguardian(surname,firstname,address,ifdifferentfromapplicant’s,telephoneNo,emailaddress,andnationality):</td><td>Filehandledby:</td></tr>
<tr><td colspan="3">11. Nationalidentitynumber,whereapplicable:
TC KIMLIK NUMARANIZI YAZINIZ</td><td>Supportingdocuments:
☐ Traveldocument
☐ Meansofsubsis-tence
☐ Invitation</td></tr>
</table>

[1]No logo is required for Norway, Iceland, Liechtenstein and Switzerland.

12. Typeoftraveldocument:
☐Ordinary passport ☐ Diplomatic passport ☐ Service passport ☐ Official passport ☐ Specialpassport
☐Othertraveldocument(pleasespecify): ORDINARY PASAPORT ISARETLEYİNİZ

13. Numberoftraveldocument: PASAPORT NUMARANIZI YAZINI	14. Dateofissue: VERİLİŞ TARİHİNİ YAZINIZ	15. Validuntil: BİTİŞ TARİHİNİ YAZINIZ	16. Issued by(country): TURKEY YAZINIZ

17. PersonaldataofthefamilymemberwhoisanEU,EEAorCHcitizenoraUKnationalwhoisabeneficiaryoftheEU-UKWithdrawalAgreement,ifapplicable

Surname(Familyname):	Firstname(s)(Givenname(s)):

Dateofbirth(day-month-year):	Nationality:	Number of travel documentorIDcard:

18. FamilyrelationshipwithanEU,EEAorCHcitizenoraUKnationalwhoisabeneficiaryoftheEU-UK WithdrawalAgreement,ifapplicable:
☐spouse☐child☐grandchild☐dependentascendant
☐registeredpartnership☐other:

19. Applicant'shomeaddressandemailaddress: EV ADRESINIZI VE EMAIL ADRESİNİZİ YAZINIZ	Telephoneno.: TELEFON NO YAZINIZ

20. Residenceinacountryotherthanthecountryofcurrentnationality:
☐ No
☐ Yes.Residencepermitorequivalent.....No.....Validuntil.....

21. * Currentoccupation: MEVCUT İŞİNİZİ İNGİLİZCE YAZINIZ, EV HANIMI İSENİZ HOUSE WİFE, ÖĞRENCİ İSENİZ STUDENT YAZINIZ

22. * Employer and employer's address and telephone number. For students, name and address ofeducationalestablishment: CALISTIGINIZ YER VE ADRESİNİZİ YAZINIZ, ÖĞRENCİ OLANLAR OKUL ADI VE ADRESİNİZİ YAZACAKLAR

23. Purpose(s)ofthejourney:
☐Tourism ☐ Business ☐Visiting family or friends ☐Cultural ☐Sports ☐ Official visit ☐ Medicalreasons☐Study☐Airporttransit☐Other(please specify): TOURISM İŞARETLEYİNİZ

24. Additionalinformationonpurposeofstay:

25. MemberStateofmaindestination(and other Member States of destination, if ap-plicable):	26. MemberStateoffirstentry:

27. Numberofentriesrequested:
Singleentry☐Twoentries☐Multipleentries SINGLE İŞARETLEYİNİZ.
☐

Intended date of arrival of the first intended stay in the Schengen area: GİDİŞ TARİHİNİZİ YAZINIZ

☐ TMI
☐ Meansoftrans-port
☐ Other:
Visadecision:
☐ Refused
☐ Issued:
☐ A
☐ C
☐ LTV
☐ Valid:
From:Until:

Numberofentries:
☐1☐2☐Multiple
Number of days:

Intended date of departure from the Schengen area after the first intended stay:

SEYAHAT BİTİŞ TARİHİNİZİ YAZINIZ GÜN AY YIL

28. Fingerprintscollectedpreviouslyforthepurposeofapplyingfora Schengenvisa:

☐No☐Yes.

Date,ifknown.....Numberofthevisa,ifknown.....

DAHA ÖNCE SCHNGEN VİZESİ ALIRKEN PARMAK İZİ ALINDIYSA TARİHİ YAZINIZ VE VİZE NUMARANIZI, BİLMİYORSANIZ BOŞ BIRAKINIZ

29. Entrypermitforthefinalcountryofdestination,whereapplicable:

Issuedby.....Validfrom.....until.....

30. *Surname and first name of the inviting person(s) in the Member State(s). If not applicable,nameofhotel(s)ortemporaryaccommodation(s)intheMemberState(s):

KALACAĞINIZ OTELİN ADINI YAZINIZ

Addressandemailaddressofinvitingperson(s)/hotel(s)/temporaryaccommodation(s): ADRESİNİZİ YAZINIZ	TelephoneNo: TELEFONUNU YAZINIZ

31. *Nameandaddressofinvitingcompany/organisation:

Surname, first name, address, telephoneNo, andemailaddressofcontactpersonincompany/organisation:	TelephoneNoofcompany/organisation:

32. *Costoftravellingandlivingduringtheapplicant'sstayiscovered:

MAFRAFLARINIZI NASIL KARSILAYACAĞINIZI YAZINIZ. KENDİNİZ İSE MYSELF,

EŞİNİZ VE COCUGUNUZ DA KARŞILAYAN KİM OLACAKSA ONU YAZINIZ, ÖRNEK KADINLAR MY HUSBAND, COCUKLAR MY FATHER VB. ANNE KARSIYALACAKSA MY WIFE EŞLER İÇİN COCUKLAR İÇİN MY MOTHER

☐bytheapplicant Meansofsupport: ☐ Cash ☐ Traveller'scheques ☐ Creditcard ☐ Pre-paidaccommodation ☐ Pre-paidtransport ☐ Other(pleasespecify): CASH, CREDİY CARD. PRE PAİD ACCOMADATİON, PRE PAİD TRANSPORT İŞARETLEYİNİZ.	☐ byasponsor(host,company,organisa-tion), please specify: ☐ referredtoinfield30or31 ☐ other(pleasespecify): Means of support: ☐ Cash ☐ Accommodationprovided ☐ Allexpensescoveredduringthestay ☐ Pre-paidtransport ☐ Other(pleasespecify):

33. Surnameandfirstnameofthepersonfillingintheapplicationform,ifdifferentfromtheapplicant:

Addressandemailaddressofthepersonfillingin the application form:	TelephoneNo:

Iamawarethatthevisafeeisnotrefundedifthevisaisrefused.

Applicableincaseamultiple-entryvisaisissued:

I am aware of the need to have adequate travel medical insurance for my first stay and any subsequent visits to the territoryof 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 myphotographand,ifapplicable,thetakingoffingerprints,aremandatory fortheexaminationof theapplication;andanypersonaldataconcerningmewhichappearontheapplicationform,aswellasmyfingerprintsandmyphotographwillbesupplied to the relevant authorities of the Member States and processed by those authorities, forthe purposes of a decisionon my application.
Suchdataaswellasdataconcerningthedecisiontakenonmyapplicationoradecisionwhethertoannul,revokeorextenda visa issued will be entered into and stored in the Visa Information System (VIS) for a maximum period of five years, duringwhich it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at externalbordersandwithintheMemberStates,immigrationandasylumauthoritiesintheMemberStatesforthepurposesofverifyingwhethertheconditionsforthelegalentryinto,stayandresidenceontheterritoryoftheMemberStatesarefulfilled, of identifying persons who do notorwho no longer fulfil these conditions, ofexaminingan asylum applicationandofdeterminingresponsibilityforsuchexamination.Undercertainconditionsthedatawillbealsoavailabletodesignatedauthoritiesoftheand toEuropolforthepurposeoftheprevention,detectionandinvestigationofterroristoffencesandofotherseriouscriminaloffences.Theauthorityresponsibleforprocessing the data is: Ministry of Foreign Affairs, 1 Vas. Sofias Ave., 10671, Athens, Tel.+30 210 3681000, fax +30 210 3681717, www.mfa.gr, e-mail: g04@mfa.gr, st2@mfa.gr.

IamawarethatIhavetherighttoobtain,inanyoftheMemberStates,notificationofthedatarelatingtomerecordedinthe VIS and of the Member State which transmitted the data, and to request that data relating to me which are inaccurate becorrected and that data relating to me processed unlawfully be deleted. At my express request, the authority examining myapplicationwillinformmeofthemannerinwhichImayexercisemyrighttocheckthepersonaldataconcerningmeandhavethemcorrectedordeleted,includingtherelatedremediesaccordingtothenationallawoftheMemberState concerned. The national supervisory authority,Hellenic Data Protection Authority, Kifisias str. 1-3, 1st floor, 11523, Athens, tel. +30 210 6475600, fax +30 210 6475628, e-mail: contact@dpa.gr will hear claims concerningthe 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 toprosecution underthelaw of the MemberStatewhich dealswith theapplication.
IundertaketoleavetheterritoryoftheMemberStatesbeforetheexpiryofthevisa,ifgranted.Ihavebeeninformedthatpossessionofavisaisonlyoneoftheprerequisitesforentryintothe territoryoftheMemberStates.Themerefactthatavisahasbeengrantedtomedoesnotmeanthat Iwillbeentitledtocompensationif Ifailtocomplywiththerelevant provisions of Article 6(1) of Regulation (EU) 2016/399 (Schengen Borders Code) and I am therefore refused entry.Theprerequisitesforentrywillbecheckedagainonentryintothe territoryoftheMemberStates.

Placeanddate: YAŞADIGINIZ İLİ VE FORMU GÖNDERDİĞİNİZ TARİHİ YAZINIZ ÖRNEK İSTANBUL 14/06/2026	Signatureofapplicant: (signatureofparentalauthority/legalguardian,ifapplicable):'. BU FORMU ÖNCESİNDE DOLDURARAK PDF OLARAK YOLLAYINIZ, SİSTEMDEN ONAY ALDIKTAN SONRA BU BÖLÜME ISLAK İMZA ATARAK KARGO YAPINIZ