

Application for Schengen Visa

This application form is free



1. Surname (Family name) (x) ZHANG				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"/> LTV <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) ZHANG					
3. First name(s) (Given name(s)) (x) HAN WEN					
4. Date of birth (day-month-year) 23-09-1989		5. Place of birth CHANGCHUN		7. Current nationality CHINESE	
		6. Country of birth CHINA		Nationality at birth, if different:	
8. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		9. Marital status <input type="checkbox"/> Single <input checked="" 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 220622198909230012					
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 checked="" type="checkbox"/> Other travel document (please specify) PASSPORT FOR PUBLIC AFFAIRS					
13. Number of travel document PE0397243		14. Date of issue 13-08-2014		15. Valid until 13-08-2019	
				16. Issued by MINISTRY OF FOREIGN AFFAIRS	
17. Applicant's home address and e-mail address NO 5222 JINGYUE STREET, CHANGCHUN, JILIN ZHANGHW@NENU.EDU.CN				Telephone number(s) 13180824777	
18. Residence in a country other than the country of current nationality <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent No. Valid until					
* 19. Current occupation SECTION MEMBER OF INTERNATIONAL COOPERATION AND EXCHANGE OFFICE					

* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment. NO 5268 RENMIN STREET. CHANGCHUN. JILIN 0431-85099336	
21. Main purpose(s) of the journey: <input type="checkbox"/> Tourism..... <input checked="" 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 BELGIUM	23. Member State of first entry BELGIUM
24. Number of entries requested <input checked="" type="checkbox"/> Single entry..... <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	25. Duration of the intended stay or transit 6 DAYS 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 in accordance with the data in the travel document.

26. Schengen visas issued during the past three years <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from to	
27. Fingerprints collected previously for the purpose of applying for a Schengen visa <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Date, if known	
28. Entry permit for the final country of destination, where applicable Issued by Valid from 13-08-2014 until 13-08-2019 MINISTRY OF FOREIGN AFFAIRS	
29. Intended date of arrival in the Schengen area 22-09-2014	30. Intended date of departure from the Schengen area 27-09-2014
* 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) DUPONT ALEXANDRE	
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s) 25. GRAND PLACE. 1050 BRUXELLES DUPONT@GMAIL.COM	Telephone and telefax TEL: 02/12457684 FAX: 02/147587685

*32. Name and address of inviting company/organisation BOUCHERIE SANS OS CO LTD RUE DE L'ABATTOIR, 23. OSTENDE		Telephone and telefax of company/organisation TEL: 02/12457684 FAX: 02/147587685	
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation DUPONT ALEXANDRE. 25 GRAND PLACE. 1050 BRUXELLES TEL: 02/12457684 FAX: 02/147587685 EMAIL: DUPONT@GMAIL.COM			
*33. Cost of travelling and living during the applicant's stay is covered			
<input checked="" type="checkbox"/> by the applicant himself/herself Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input checked="" 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)	
34. Personal data of the family member who is an EU, EEA or CH citizen			
Surname		First name(s)	
Date of birth	Nationality	Number of travel document or ID card	
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			
36. Place and date CHANGCHUN 01-09-2014		37. Signature (for minors, signature of parental authority/legal guardian) 张汉文 ZHANG HANWEN	

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 (cf. field no 24): 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.	
<p>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 visa application; and any personal data concerning me which appear on the visa 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 visa application.</p> <p>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)¹ 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 the <i>FPS Home Affairs – Immigration Office – 59b Chaussée d'Anvers, 1000 Brussels, Belgium</i>.</p> <p>I am aware of the fact 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 State concerned.</p> <p>In Belgium, this request for information should be addressed to the responsible processing authority – the <i>Federal Government Service of the Interior, Immigration Office (Direction of Access and Residence), Antwerpsesteenweg 59B, 1000 Brussels (https://dofi.ibz.be)</i>. In case this authority does not follow up on my request for communication, correction or deletion of the personal data relating to me within 45 days or in case I do not agree with a refusal to correct or delete, I can, in accordance with the law of December 8th of 1992 for the protection of the right to private life and the implementing agreements corresponding to this legal act, appeal to the national control authority – the <i>Commission for the Protection of Privacy, Drukpersstraat 35, 1000 Brussels</i>.</p> <p>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.</p> <p>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 5(1) of Regulation (EC) No 562/2006 (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.</p>	

Place and date CHANGCHUN 01-09-2014	Signature (for minors, signature of parental authority/legal guardian): 张 汉文 ZHANG HANWEN
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¹ Insofar as the VIS is operational.