



APPLICATION FOR SCHENGEN VISA
THIS APPLICATION FORM IS FREE

PHOTO
3cmx4
WHITE BACKGROUND

1. Surname (Family name) (*) SANTOSO				FOR OFFICIAL USE ONLY	
2. Surname at birth (Former family name(s)) (x)				Date of application:	
3. First name(s) (Given name(s)) (x) BUDI				Visa application number:	
4. Date of birth (day-month-year) 18 - 08 - 1988		5. Place of birth JAKARTA		7. Current nationality INDONESIAN	
		6. Country of birth INDONESIA		Nationality at birth, if different:	
8. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		9. Marital status <input checked="" 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 KTP NO. 3000123456789					
12. Type of travel document <input checked="" 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 X 0 1 2 3 4 5 6		14. Date of issue 20-05-2015		15. Valid until 20-05-2020	
				16. Issued by KANTOR IMIGRASI JAKARTA SELATAN	
17. Applicant's home address and e-mail address JL. RASUNA SAID NO.6, KUNINGAN, JAKARTA 12940 SANTOSO.BUDI@EMAIL.COM				Telephone number(s) 021 522 2255	
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 PUBLIC ACCOUNTANT					
*20. Employer and employer's address and telephone number. For students, name and address of educational establishment. OFFICE TOWER 20TH FL. JL. JEND. SUDIRMAN, JAKARTA. TEL. 021 500 5000					
21. Main purpose(s) of the journey: <input checked="" 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 GREECE, ITALY, FRANCE			23. Member State of first entry GREECE		
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 TEN (10) DAYS Indicate number of days		
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 until					
29. Intended date of arrival in the Schengen area 10 MAY 2017			30. Intended date of departure from the Schengen area 20 MAY 2017		

Date of application:

Visa application number:

Application lodged at
 Embassy/consulate
 CAC
 Service provider
 Commercial intermediary
 Border

Name:

Other

File handled by:

Supporting documents:
 Travel document
 Means of subsistence
 Invitation
 Means of transport
 TMI
 Other:

Visa decision:
 Refused

Issued:
 A
 C
 LTV

Valid:
From
Until

Number of entries:
 1 2 Multiple

Number of days:

<p>* 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): ACROPOLIS ATHENS HOTEL, PARTHENOS BLVD, ACROPOLIS, ATHENS, GREECE</p>		
<p>Address and e-mail address of inviting person(s) / hotel(s) / temporary accommodation(s): ACROPOLISATHENSHOTEL@EMAIL.COM</p>	<p>Telephone and fax: Tel. +30 21 0123 4567 Fax. +30 21 0123 4568</p>	
<p>*32. Name and address of inviting company/organisation</p>		
<p>Telephone and fax of company / organisation</p>		
<p>Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation</p>		
<p>*33. Cost of travelling and living during the applicant's stay is covered</p>		
<p><input checked="" type="checkbox"/> by the applicant himself/herself</p>	<p><input type="checkbox"/> by a sponsor (host, company, organisation), please specify</p> <p><input type="checkbox"/> referred to in field 31 or 32</p> <p><input type="checkbox"/> other (please specify)</p>	
<p>Means of support</p> <p><input checked="" type="checkbox"/> Cash</p> <p><input type="checkbox"/> Traveller's cheques</p> <p><input checked="" type="checkbox"/> Credit card</p> <p><input checked="" type="checkbox"/> Pre-paid accommodation</p> <p><input checked="" type="checkbox"/> Pre-paid transport</p> <p><input type="checkbox"/> Other (please specify)</p>	<p>Means of support</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Accommodation provided</p> <p><input type="checkbox"/> All expenses covered during the stay</p> <p><input type="checkbox"/> Pre-paid transport</p> <p><input type="checkbox"/> Other (please specify)</p>	
<p>34. Personal data of the family member who is an EU, EEA or CH citizen</p>		
<p>Surname: _____ First name(s): _____</p>		
Date of birth (DD-MM-YYYY)	Nationality	Number of travel document or ID card
<p>35. Family relationship with an EU, EEA or CH citizen</p> <p><input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Dependent ascendant</p>		
<p>36. Place and date: JAKARTA, 01 MAY 2017</p>		<p>37. Signature (for minors, signature of parental authority / legal guardian): </p>

X Fields 1-3 shall be filled in accordance with the data in the travel document