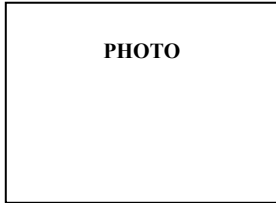




CONSULATE GENERAL OF ITALY

# Application for National Visa (D)

This application form is free



1. Surname(s)								
2. Surname(s) at birth				FOR CONSULATE USE ONLY				
3. First name(s)				Date of application:				
4. Date of birth (year-month-day)				5. Place of birth		7. Current nationality:		Visa application number:
				6. Country of birth		Nationality at birth, if different:		Application lodged at:
8. Sex				9. Marital status				<input type="checkbox"/> Embassy/Consulate
<input type="checkbox"/> Male <input type="checkbox"/> Female				<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)				<input type="checkbox"/> CAC
10. In case of minors: Surname, first name, address (if different from the applicant's) and nationality of parental authority/legal guardian								<input type="checkbox"/> Service provider
								<input type="checkbox"/> Commercial intermediate
11. National identity number, where applicable								<input type="checkbox"/> Other
12. Type of passport								Name:
<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)								File handled by:
13. Number of travel document								File received by:
14. Date of issue		15. Valid until		16. Issued by		Supporting documents:		
17. Applicant's home address and e-mail address								<input type="checkbox"/> Travel document
				Telephone number(s)				<input type="checkbox"/> Means of support
18. Residence in a country other than the country of current nationality								<input type="checkbox"/> Invitation
<input type="checkbox"/> No								<input type="checkbox"/> Means of transport
<input type="checkbox"/> Yes, Residence permit or equivalent n.				Valid until				<input type="checkbox"/> Health insurance
19. Current occupation								<input type="checkbox"/> Other
20. Employer and employer's address and telephone number. For students, name and address of school								Visa decision:
21. Main purpose(s) of the journey								<input type="checkbox"/> Refused
<input type="checkbox"/> Family reunification/Accompanying family member								<input type="checkbox"/> Refused on the base of a SIS statement
<input type="checkbox"/> Religious reasons		<input type="checkbox"/> Sport		<input type="checkbox"/> Mission		<input type="checkbox"/> Suspense file		
<input type="checkbox"/> Medical reasons		<input type="checkbox"/> Study		<input type="checkbox"/> Adoption		<input type="checkbox"/> Issued		
<input type="checkbox"/> Independent employment		<input type="checkbox"/> Other (please, specify)		<input type="checkbox"/> Diplomatic		Visa type:		
								<input type="checkbox"/> D
								<input type="checkbox"/> Valid:
								from
								to
								Number of entries:
								<input type="checkbox"/> 1
								<input type="checkbox"/> 2
								<input type="checkbox"/> Multiples
								Visa is requested for
								days

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

22. City 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"/> Multiples entries	25. Duration of the intended stay. Indicate number of days (max. 365 days)	
26. Schengen Visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes, date of validity from _____ to _____		
27. Fingerprints collected previously for the purpose of applying for a Schengen Visa.  <input type="checkbox"/> No <input type="checkbox"/> Yes. Date if known _____		
28. Permit number issued for the purposes of Family reunification, Accompanying family member, Dependent employment (only if the law concerning the requested Visa type requires it). Issued by SUI (Immigration bureau) of _____ Valid from _____ to _____		
29. Intended date of arrival in the Schengen area	30. Intended date of departure from the Schengen Area (only for Visas with duration of 91- 364 days).	
31. Surname and first name of the person who requests Family reunification or of the employer. Otherwise, in case of Visa requested for Adoption, Religious reasons, Medical Reasons, Sport, Study, Mission: temporary accommodation in Italy.		
Address and e-mail address of the person who requests Family reunification or of the employer.	Telephone and fax of the person who requests Family reunification or of the employer.	
32. Name and address of inviting company/organization	Telephone and fax of the company/ organization	
Surname, first name, address, telephone, fax and email address of contact person in Company/organization		
33. Cost of travelling and living during the applicant's stay is covered by		
<input type="checkbox"/> the applicant himself/herself <b>Means of support</b> <input type="checkbox"/> Cash <input type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please, specify) <input type="checkbox"/> Traveller's cheque  <b>NOT NECESSARY IN CASE OF VISA REQUESTED FOR:  Family reunification, Accompanying family member,  Dependent/Independent employment, Mission, Diplomatic,  Adoption.</b>	<input type="checkbox"/> by a sponsor (host, company, organization), please specify _____ referred to in field 31 or 32 <input type="checkbox"/> Other (please, specify)  <b>Means of support</b> <input type="checkbox"/> Cash <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Accommodation provided	

<b>34. Personal data of the family member who is an EU, EEA or CH citizen</b>		
Surname		Name(s)
Date of birth	Nationality	Number of travel document or ID card
<input type="text"/>		
<b>35. Family relationship with an EU, EEA or CH citizen</b>		
<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> other direct descendants <input type="checkbox"/> dependent ascendant		
<b>36. Place and date</b>		<b>37. Signature (for minors, signature of parental authority/legal guardian)</b>
<input type="text"/>		<input type="text"/>

I am aware that the visa fee is not refunded if the visa is refused.

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 Italy and processed by those authorities, for the purposes of a decision on my visa application.

Such data as well as data concerning the decision taken on my application or a decision whether to annul or revoke a visa issued will be entered into, and stored in the Diplomatic Consular Delegation and Foreign Office State Department's Information System and it will be accessible to the visa authorities and the Schengen 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.

I am aware that I have the right to obtain notification of the data relating to me recorded in the Information System 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. The competent Authority in charge for personal data is "Garante per la protezione dei dati personali".

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 State (article 331 c.p.p.).

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 of Article 4 of Decree Law 286/98 and I am therefore refused entry.

