



Österreichische Botschaft

RIYADH

# Application for Schengen Visa

Photo

Konsulargebühren  
gemäß Visakodex 2010  
entrichtet.

This application form is free

€.....= SAR.....

1. Surname (family name)		FOR EMBASSY / CONSULATE USE ONLY
2. Surname at birth (Former family name(s))		Date application:
3. First names (given names)		File handled by:
4. Date of birth (day -month-year)	5. Place and 6. Country of birth	Supporting documents:
7. Current nationality	Nationality at birth, if different	<input type="checkbox"/> Valid passport <input type="checkbox"/> Financial means
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	9. Marital status: <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	<input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Hotel/Accommodation
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/ legal guardian:		<input type="checkbox"/> Health insurance <input type="checkbox"/> Other:
11. National identity number, where applicable		Application:
12. Type of travel document: <input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Special passport <input type="checkbox"/> Official passport <input type="checkbox"/> Service passport <input type="checkbox"/> Other travel document (please specify):		<input type="checkbox"/> Compl. <input type="checkbox"/> Incompl. Appl. No:.....
13. Number of travel document	14. Date of issue	Consultation:
15. Valid until	16. Issued by	
17. Applicant's home address and e-mail address		Telephone number/mobile
18. Resident in a country other than the country of current nationality? <input type="checkbox"/> No <input type="checkbox"/> Yes Residence permit or equivalent No ..... valid until.....		EKIS <input type="checkbox"/> NEG. <input type="checkbox"/> POS. Sign.:
* 19. Current occupation *		VISA <input type="checkbox"/> Refused <input type="checkbox"/> Granted Sign.:
20. Employer and employer's address and telephone number.* For students, name and address of educational establishment.		
21. Main purpose(s) of the journey <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting Family or Friends <input type="checkbox"/> Cultural/Sports <input type="checkbox"/> Official <input type="checkbox"/> Medical reasons <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit		Characteristics of Visa: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> VTL
22. Member State(s) of destination	23. Member State of first entry	Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> MULT
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	25. Duration of stay Visa is requested for: _____ days	
26. Schengen visas issued during the past three years and their period of validity		
27. Fingerprints collected previously for the purpose of applying for a Schengen visa <input type="checkbox"/> No <input type="checkbox"/> Yes , Date, if known .....		Valid from: 201...
28. Entry permit for the final country of destination, where applicable Issued by..... Valid from..... until .....		To: 201...
* 29. Intended date of arrival in Schengen	30. Intended date of departure from Schengen	Valid for: _____ days

\* The questions marked with \* do not have to be answered by family members of EU/EWR citizens (spouse, child or dependent ascendant). Family members of EU/EEA/CH citizens have to present documents to prove this relationship.

<b>* 31. Name and address of inviting person(s) in the Member state(s)</b> If not applicable, name and address of hotel(s) or temporary accommodation(s) in the Member states.		FOR EMBASSY / CONSULATE USE ONLY
<b>* 32. Name and address of inviting company/organisation</b>		Acceptability signed by
E-mail address (referred to field 31 or 32)	Telephone and telefax (referred to field 31 or 32)	<input type="checkbox"/> NEG. <input type="checkbox"/> POS.
<b>* 33. Cost of travelling and living during the applicant's stay is covered?</b>		Visa applied for
<input type="checkbox"/> by the applicant himself/herself <u>Means of support</u> <input type="checkbox"/> Cash <input type="checkbox"/> Travellers' cheques <input type="checkbox"/> prepaid accommodation <input type="checkbox"/> prepaid transport <input type="checkbox"/> Other <input type="checkbox"/> Credit cards <input type="checkbox"/> Travel / health insurance Valid until:	<input type="checkbox"/> by a sponsor (Host/Company/Organisation) ..... <input type="checkbox"/> referred to in field 31 or 32 ..... <input type="checkbox"/> other (please specify) <u>Means of support</u> <input type="checkbox"/> Cash <input type="checkbox"/> Other <input type="checkbox"/> All expenses covered during the stay  <input type="checkbox"/> accommodation provided <input type="checkbox"/> prepaid transport <input type="checkbox"/> other (please specify)	<input type="checkbox"/> A. <input type="checkbox"/> C <input type="checkbox"/> D  <b>File lodged at</b> <input type="checkbox"/> Embassy <input type="checkbox"/> CAC <input type="checkbox"/> Service provider  <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border (Name) <input type="checkbox"/> Other
<b>34. Personal data of the family member who is an EU/EEA/CH citizen you depend on. This question should be answered only by family members of EU/EEA/CH citizens</b>		
Surname		First Name (s)
Date of Birth	Nationality	Number of travel document
<b>35. Family relationship of EU/EEA/CH citizens</b> <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant		
<b>36. Place and date</b>	<b>37. Signature (for minors, signature of parental authority / legal guardian)</b>	
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.		
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 Member States and processed by those authorities, for the purpose 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, revoke or extend a visa issued will be entered into, and stored in the VIS (in so far the VIS is operational) for a maximum period of five year, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visa 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 States responsible for processing the data is:		
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 State concerned. The national supervisory authority of that Member State (contact details) 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 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 the possession of a visa is only one of the prerequisites for entry onto 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 European territory of the Member States.		
<b>Place and date</b>	<b>Signature (for minors, signature of parental authority / legal guardian)</b>	