



**Consulate General of Italy
Vancouver**

Application for National Visa (D)
This application form is free

PHOTO
<u>Office use only</u>
Data della domanda:
Numero della domanda:
Domanda presentata presso: <input type="checkbox"/> Ambasciata/Consolato <input type="checkbox"/> Centro comune <input type="checkbox"/> Fornitore di servizi <input type="checkbox"/> Intermediario commerciale <input type="checkbox"/> Altro
Nome:
Responsabile della pratica:
Nome di chi ha ricevuto la pratica allo sportello:
Documenti giustificativi: <input type="checkbox"/> Documento di viaggio <input type="checkbox"/> Mezzi di sussistenza <input type="checkbox"/> Invito <input type="checkbox"/> Mezzi di trasporto <input type="checkbox"/> Ass. sanitaria di viaggio <input type="checkbox"/> Altro
Decisione relativa al visto: <input type="checkbox"/> Rifiutato <input type="checkbox"/> Rifiutato per segnalazione SIS non cancellabile. <input type="checkbox"/> Pratica Sospesa <input type="checkbox"/> Rilasciato
Tipo di visto: <input type="checkbox"/> D
Valido dal: al:
Numero di ingressi: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multipli
Numero di giorni:

1. Surname (*):			
2. Surname at birth (*):			
3. First name(s) (*):			
4. Date of birth (dd-mm-yy):	5. Place of birth:	7. Current nationality:	
6. Country of birth:		Nationality at birth, if different:	
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 (please specify)		
10. For minors, surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian:			
11. National identity number (where applicable):			
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 type="checkbox"/> Other travel document (please specify)			
13. Number of travel document:	14. Date of issue:	15. Valid until:	16. Issued by:
17. Applicant's home address and email address:			Telephone number(s):
18. Residence 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			
19. Current occupation:			
20. Employer, employer's address and telephone number. For students, name and address of educational establishment:			
21. Main purpose(s) of the trip: <input type="checkbox"/> Family reunion/Accompanying family member <input type="checkbox"/> Religious reasons <input type="checkbox"/> Sport <input type="checkbox"/> Mission <input type="checkbox"/> Diplomatic <input type="checkbox"/> Medical treatment <input type="checkbox"/> Study <input type="checkbox"/> Adoption <input type="checkbox"/> Subordinate employment <input type="checkbox"/> Autonomous employment <input type="checkbox"/> Other (please specify)			

(* Fields 1 to 3 shall be filled in according to the data in the travel document.

22. City of destination:	23. Member State of first entry (if any):	
24. Number of entries requested: <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple	25. Duration of 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(s) of validity from _____ to _____		
27. Fingerprints collected for any previous Schengen visa: <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify) _____ Date (if known): _____		
28. "Nulla Osta" ref. No. _____ issued for: <input type="checkbox"/> Family reunion <input type="checkbox"/> Accompanying family member <input type="checkbox"/> Subordinate employment (where required by the Law) Issued by the "Sportello Unico Immigrazione" of (specify the City): _____ Valid from: _____ to: _____		
29. Intended date of arrival in Schengen area:	30. Intended date of departure from Schengen area (only for visas of duration from 91 to 364 days):	
31. Surname and name of the person in Italy who applied for the family reunion visa. In case of work visa, surname and name of the employer in Italy. In case of adoption, religious, medical, sport, study or mission visa, provide contact address in Italy		
Address and email of the person(s)/company who applied for the family reunion/work visa:	Telephone and fax number of the person(s)/company who applied for the family reunion/work visa:	
32. Name and address of inviting company/organisation:	Telephone and fax number of company/organisation:	
Surname, first name, address, telephone, fax, email of contact person in company/organisation:		
33. Travelling and living expenses during the applicant's stay are covered by:		
<input type="checkbox"/> the applicant. Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accomodation <input type="checkbox"/> Prepaid transportation <input type="checkbox"/> Other (specify) _____ NOT REQUIRED if applying for the following visa types: Family reunion/Subordinate work/Autonomous work/ Mission/Diplomatic/Adoption	<input type="checkbox"/> by the promoter/host/company/organisation (specify) _____ <input type="checkbox"/> Other (specify) _____ Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accomodation <input type="checkbox"/> Prepaid transportation <input type="checkbox"/> Other (specify) _____	

34. Personal information of the family member who is an EU, EEA or CH citizen		
Surname:		First name(s):
Date of birth:	Citizenship:	Number of travel doc./identity card:
35. Family relationship with an EU, EEA or CH citizen: <input type="checkbox"/> spouse <input type="checkbox"/> son/daughter <input type="checkbox"/> direct descendant <input type="checkbox"/> dependent descendant		
36. Place and date:		37. Signature (for minors, signature of parental authority/legal guardian):

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 information required by this application form, submission of my photograph and, if applicable, the taking of my fingerprints, which are mandatory for the examination of the visa application; and that any personal information concerning me which appears on the visa application form, as well as my fingerprints and my photograph will be submitted to the relevant Italian Authorities and processed by these for the purposes of a decision on my visa application.

Such information as well as data concerning the decision regarding my application, or a decision whether to annul or revoke a visa issued, will be entered and stored in the Visa Information System of the diplomatic/consular mission and the Ministry of Foreign Affairs. Such data will be accessible to the National Visa Authorities. Moreover, this information will be accessible to the Schengen Authorities competent for carrying out checks on visas at external borders, to the immigration and asylum authorities in the Member States (for the purposes of verifying whether the conditions for the legal entry, stay and residence in the territory of the Member States are fulfilled, and to identify persons who do not or who no longer fulfil these conditions), to the Member State authorities competent for examining an asylum application. Under certain conditions the data will also be available to designated Authorities of the Member States and Europol for the purposes of the prevention, detection and investigation of terrorist offences and of other serious criminal offenses.

I am aware that I have the right to obtain the notification of the information relating to me that is recorded in the Visa Information System and to request that inaccurate information relating to me be corrected and that information relating to me that is unlawfully processed 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 personal information concerning me and have it corrected or deleted, including the related appeal procedures set out by the National Law. The competent Authority in charge for personal information is the *Garante per la protezione dei dati personali*.

I declare that, to the best of my knowledge, all the information supplied by me is correct and complete. I am aware that any false statement, 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 National Law (article 331 *c.p.p.*). The mere fact that a visa has been granted 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) n. 562/2006 (Schengen Borders Code) and article 4 of the Decree n. 286/98, and am therefore refused entry.

NOTES (for office use only)

.....

.....

.....

.....

.....

.....

.....

.....

.....

Place and date:	Signature (for minors, signature of parental authority/legal guardian):
-----------------	---