



# Application for Schengen Visa

Photo

This application form is free



1. Surname(s) (family name(s)) (اللقب (اسم العائلة))		FOR EMBASSY USE ONLY	
2. Surname(s) at birth (earlier family name(s)) (اللقب عند الولادة (قبل الزواج))		Date application:	
3. First names (given names) (الاسم الأول)		File handled by:	
4. Date of birth (year-month-day) (الولادة (السنة-الشهر-اليوم))		Supporting documents:	
5. Place and 6. country of birth (مكان وبلد الولادة)		<input type="checkbox"/> Valid passport: <input type="checkbox"/> Financial means <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Hotel/Accommodation <input type="checkbox"/> Health insurance <input type="checkbox"/> Other:	
7. Current nationality/ies (الجنسية الحالية)		Original nationality (nationality at birth) (الجنسية عند الولادة)	
8. Sex (الجنس) <input type="checkbox"/> Male ذكر <input type="checkbox"/> Female أنثى		9. Marital status: (الحالة الاجتماعية) <input type="checkbox"/> Single أعزب <input type="checkbox"/> Married (متزوج) <input type="checkbox"/> Separated منفصلان <input type="checkbox"/> Divorced مطلقة <input type="checkbox"/> Widow(er) أرمل(ة) <input type="checkbox"/> Other حالات أخرى	
10. Father's name (اسم الأب)		10. Mother's name (اسم الأم)	
11. ID-number (optional) (يرجى كتابة الرقم المدني)		Application: <input type="checkbox"/> Compl. <input type="checkbox"/> Incompl.	
12. Type of passport: (نوع جواز السفر) <input type="checkbox"/> Ordinary passport عادي <input type="checkbox"/> Diplomatic passport دبلوماسي <input type="checkbox"/> Special passport جواز سفر ملاحي <input type="checkbox"/> Service passport خدمة <input type="checkbox"/> Other travel document (please specify): (وثائق سفر أخرى (يرجى ذكرها))		Appl. No:.....	
13. Number of passport (رقم جواز السفر)		14. Date of issue (تاريخ الإصدار)	
15. Valid until (تاريخ الانتهاء)		16. Issued by (جهة الإصدار)	
17. Applicant's home address (ان الكامل لصاحب الطلب)		Telephone number/mobile (رقم التليفون والنقال)	
18. If you resident in a country other than your country of origin, have you permission to return to that country? (إذا كنت تقيم في بلد غير موطنك الأصلي، هل لديك تصريح (إقامة) في ذلك البلد؟) <input type="checkbox"/> No كلا <input type="checkbox"/> Yes نعم (number and validity) (يرجى كتابة رقم وصلاحية الإقامة)		EKIS <input type="checkbox"/> NEG. <input type="checkbox"/> POS. Sign.:	
* 19. Current occupation * (المهنة الحالية)		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 school) (عنوان ورقم تليفون جهة العمل. بالنسبة للطلبة: يرجى ذكر اسم المدرسة وعنوانها.)		Characteristics of Visa: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> VTL	
21. Purpose of travel (الغرض من السفر) <input type="checkbox"/> Tourism سياحة <input type="checkbox"/> Business عمل <input type="checkbox"/> Visit to Family or Friends زيارة عائلية/أصدقاء <input type="checkbox"/> Cultural/Sports ثقافة/رياضة <input type="checkbox"/> Official مهمة رسمية <input type="checkbox"/> Medical reasons للعلاج <input type="checkbox"/> Other (please specify): (أغراض أخرى (يرجى ذكرها))		Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> MULT	
22. Main destination (وجهة السفر الرئيسية)		23. Border of first entry or transit route (نقطة الأولى)	
24. Number of entries requested (عدد السفارات المطلوبة) <input type="checkbox"/> Single entry سفرة واحدة <input type="checkbox"/> Two entries سافرتان <input type="checkbox"/> Multiple entries متعددة Visa is requested for: _____ days		25. Duration of stay (عدد الأيام) Valid from: 201...	
26. Other visas (issued during the past three years) and their period of validity (ات أخرى تم إصدارها خلال الثلاث سنوات الأخيرة ومدى صلاحياتها)		Valid to: 201...	
27. Have your fingerprints been taken previously for a Schengen visa application (هل تم أخذ بصمات منكم سابقا للحصول على تأشيرة شنغن) <input type="checkbox"/> No كلا <input type="checkbox"/> Yes نعم, when متى .....		Valid for: _____ days	
28. In the case of transit, have you an entry permit for the final country of destination? (بالإضافة للتأشيرة، هل تأشيرة دخول لآخر بلد في رحلتك؟) <input type="checkbox"/> No كلا <input type="checkbox"/> Yes نعم, valid until: (التأشيرة صالحة لغاية: الجهة التي أصدرت التأشيرة:		Issuing authority	
* 29. Date of arrival in Schengen (تاريخ الوصول للشنغن)		* 30. Date of departure from Schengen (تاريخ المغادرة من الشنغن)	

\* 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.  
 يرجى من أفراد عائلة مواطني دول الاتحاد الأوروبي والمجموعة الاقتصادية الأوروبية (زوج(ة)، طفل سلف) عدم اجابة الاسئلة المشار إليها بعلامة \* ولكن عليهم تقديم وثائق تثبت نوع صلة القرابة

<b>* 31. Name of host in the Schengen states.</b> اسم الشخص الداعي من الشينغن <b>* 32. Name of company and contact person of the company.</b> اسم الشركة الداعية واسم الشخص المسؤول عن الاتصال <b>If not applicable, give name of hotel or temporary address in the Schengen states.</b> وفي حالة عدم توفر ذلك أذكر اسم الفندق أو العنوان المؤقت في دول الشينغن		<b>FOR EMBASSY / CONSULATE USE ONLY</b>
<b>Name of host / hotel</b> اسم الشخص الداعي / اسم الفندق	<b>E-mail address</b> عنوان البريد الإلكتروني	<b>Acceptability signed by</b>
<b>Name of company and contact person of company</b> اسم الشركة الداعية / اسم الشخص المسؤول عن الاتصال	<b>Telephone and telefax</b> رقم الهاتف والفاكس	<input type="checkbox"/> NEG. <input type="checkbox"/> POS.
<b>Full address</b> العنوان بالكامل		<b>Visa applied for</b>
<b>* 33. Who is paying for your cost of travelling and for your costs of living during your stay?</b> من سيدفع تكاليف الرحلة والإقامة؟ (يرجى تقديم ما يثبت ذلك بالوثائق) (State who and how and present corresponding documentation)		<input type="checkbox"/> A. <input type="checkbox"/> C. <input type="checkbox"/> D.
<input type="checkbox"/> Myself أنا شخصيا <input type="checkbox"/> Employer/Company جهة العمل/الشركة <input type="checkbox"/> Host company or person/s الشركة الداعية أو الشخص الداعي <input type="checkbox"/> Other موارد أخرى <input type="checkbox"/> Travel / health insurance تأمين سفر / تأمين صحي Valid until: صالح لغاية:	<input type="checkbox"/> Cash نقدي <input type="checkbox"/> Credit cards بطاقات ائتمان <input type="checkbox"/> All costs are paid by Employer/Company/Host كافة التكاليف مدفوعة من الشركة/ الشركة الداعية/الشخص الداعي <input type="checkbox"/> prepaid accommodation تكاليف الإقامة مدفوعة مسبقا <input type="checkbox"/> prepaid transport تكاليف التنقل مدفوعة مسبقا	<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 EU/EEA/CH citizen you depend on. This question should be answered only by family members of EU/EEA/CH citizens</b> بيانات عن الكفيل الذي يحمل جنسية إحدى دول الاتحاد الأوروبي أو دول المجموعة الاقتصادية الأوروبية. يتم الإجابة على هذا السؤال فقط لمن لهم أقرباء من دول الاتحاد الأوروبي ودول المجموعة الاقتصادية الأوروبية		
<b>Name</b> (اللقب (اسم العائلة)	<b>First Name</b> الاسم الأول	
<b>Date of Birth</b> تاريخ الميلاد	<b>Nationality</b> الجنسية	<b>Number of passport</b> رقم جواز السفر
<b>35. Family relationship of EU/EEA/CH citizens</b> صلة القرابة بأحد مواطني دول الاتحاد الأوروبي أو دول المجموعة الاقتصادية الأوروبية <input type="checkbox"/> spouse الزوج/الزوجة <input type="checkbox"/> child الابن/الابنة <input type="checkbox"/> grandchild الحفيد/الحفيدة <input type="checkbox"/> dependent ascendant أقرباء ملحقين بعائل		
<b>I am aware that the visa fee is not refunded if the visa is refused.</b>		
<b>Applicable in case a multiple-entry visa is applied for (cf. field No 24):</b>		
<b>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.</b>		
<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 Member States and processed by those authorities, for the purpose 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 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:</p> <p>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.</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 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 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.</p>		
<b>47. Place and date</b> المكان والتاريخ	<b>48. Signature (for minors, signature of custodian/guardian)</b> توقيع صاحب الطلب (طلبات الأطفال القصر (الأقل من 18 سنة) توقع من قبل ولي الأمر)	



Embassy  
of the Federal Republic of Germany  
Riyadh

Fax: 4880279

## Declaration of medical travel insurance for subsequent visits

Full name .....



Date and place of birth .....



Passport Number .....



hereby declares that for each visit to the Schengen States, subsequent to the first one and within the validity of the issued visa, he/she will provide for him/herself and/or for the members of his/her family a medical travel insurance that will meet the following standards:

- Valid for all the Schengen States
- Valid for each period of stay in the Schengen States
- Minimum coverage 30.000 Euro, without limitations
- Covering expenses of repatriation for medical reasons, urgent medical care and/or emergency treatment in a hospital.

The undersigned will carry the proof of his/her medical travel insurance to be available at the immigrations check at the entry into the Schengen States.

Date: .....



Signature: .....



Adresse:  
Diplomatic Quarter  
Riyadh

Post:  
P. O. Box 94001  
Riyadh 11693

Telefon:  
(00966-1)  
488 0700

Telefax:  
(00966-1)  
488 0660

e-mail:  
info@nad.diplo.de

## Anlagen zum Beitrag „ Belehrung nach § 54 Nr. 6 und § 55 AufenthG

Englische Fassung des Formblatts zur Befragung nach § 54 Nr.6 AufenthG

### **Questionnaire for use under section 54 (6) of the Residence Act**

Please fill out the following form to accompany your visa application.

Section 54 (6) of the Residence Act stipulates that a foreigner will as a rule be expelled from Germany if he or she fails to reveal previous stays in Germany or other states, or furnishes false or incomplete information on key points regarding links with persons or organizations suspected of supporting terrorism, to the German diplomatic mission abroad or foreigners authority in response to questions designed to clear up reservations regarding entry or continued residence; expulsion on this basis is only permissible if the foreigner is expressly informed before answering the questions of their security-related purpose and the legal consequences of furnishing false or incomplete information.

**This form must be completed by all applicants and is in no way indicative of any suspicion against you personally or against any given country.**

Please answer the following questions:



1. Have you been to the Federal Republic of Germany or another European Union country within the past two years? (airport transits need not be mentioned)

- No  
 Yes

If yes, please state where you have been, giving the dates and purposes of your visits:



2. Have you been to any of the following third countries or regions within the past two years? (airport transits need not be mentioned)

- |                                       |   |                                      |                                  |
|---------------------------------------|---|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Afghanistan  | <input type="checkbox"/> Albania              | <input type="checkbox"/> Azerbaijan  | <input type="checkbox"/> Bahrain |
| <input type="checkbox"/> Bosnia       | <input type="checkbox"/> Chechnya             | <input type="checkbox"/> Iraq        | <input type="checkbox"/> Iran    |
| <input type="checkbox"/> Indonesia    | <input type="checkbox"/> Kashmir              | <input type="checkbox"/> Kuwait      | <input type="checkbox"/> Lebanon |
| <input type="checkbox"/> Oman         | <input type="checkbox"/> Pakistan             | <input type="checkbox"/> Philippines | <input type="checkbox"/> Qatar   |
| <input type="checkbox"/> Saudi Arabia | <input type="checkbox"/> Somalia              | <input type="checkbox"/> Sudan       | <input type="checkbox"/> Syria   |
| <input type="checkbox"/> Uzbekistan   | <input type="checkbox"/> United Arab Emirates |                                      | <input type="checkbox"/> Yemen   |



Please check the appropriate box for each of the following statements:



3. I have never visited another state (including Germany) using another identity or nationality.

- True       False – please explain



4. I have no other identity documents under another identity.

True  False – please explain



5. I am not and never have been a member of a non-state armed group.

True  False – please explain



6. I have never been charged or convicted in my home state or a third country of membership in a non-state armed group.

True  False – please explain



7. I have never visited a non-state camp for the purpose of paramilitary or military training. I have never tried to attend such a camp nor have I ever been asked to go to such a training camp.

True  False – please explain



8. I have never planned or conducted terrorist activities or participated in the planning or conduct of such activities.

True  False – please explain

With your signature you certify that you have been informed of the legal consequences of furnishing false or incomplete information in visa proceedings.



\_\_\_\_\_

Place, date



\_\_\_\_\_

Signature

Englische Fassung der Belehrung gemäß § 55 Abs. 2 Nr. 1 AufenthG

Section 55 (1) in conjunction with section 55 (2) (1) of the Residence Act provides that a foreigner may be expelled if he/she has furnished false or incomplete information during the visa application process (also to the relevant authorities of another Schengen Agreement member country) for the purpose of obtaining a residence title.

The applicant is obliged to provide all information to the best of his/her knowledge and belief. If he/she knowingly furnishes false or incomplete information, the visa application may be refused or the applicant expelled from Germany, should a visa already have been issued.

With his/her signature, the applicant certifies that he/she has been informed of the legal consequences of furnishing false or incomplete information in the course of visa proceedings.



\_\_\_\_\_

Place, date



\_\_\_\_\_

Signature



**PARENTAL AUTHORIZATION FOR GRANTING A VISA IN CASE OF MINORS (V.1.4.  
CCI)**

**The undersigned parents:**



A) ..... (name/surname),



holder of passport no. ....,



issued by .....

and



B) ..... (name/surname),



holder of passport no. ....,



issued by .....

**give the authorization (consent) for granting a VISA in the name of our**



underage child ..... (name/surname),



date of birth .....,



holder of passport no. ....



Date, .....

**Parent's signatures:**



A)



B)

*(Parent's signatures, in case they do not present themselves at the Embassy, must be validated by the competent local authorities.)*