



Application for Schengen Visa

申根簽證申請表格 (請用英文填寫)

This application form is free 本表格免費提供

請注意照片格式

Photo
照片

第一張, 粘上這裡
第二張, 反過來寫英文名字並夾上左上角

1. Surname (Family name) ⁽¹⁾ 姓氏 WANG LIN		For official use only 簽證機構專用欄	
2. Surname at birth (former family name(s)) ⁽¹⁾ 出生姓氏 (先前姓氏) CHOU, LIN		Date of application:	
3. First name(s) (Given name(s)) ⁽¹⁾ 名字 AI-NI		Date of application:	
4. Date of birth (day-month-year) 出生日期 (日/月/年) 01/01/1980	5. Place of birth 出生地 (縣、市) TAIPEI	6. Country of birth 出生國家 TAIWAN	
7. Current nationality 目前國籍 TAIWANESE		Nationality at birth, if different 出生國籍 (若不同於目前國籍)	
8. Sex 性別 <input type="checkbox"/> Male 男 <input checked="" type="checkbox"/> Female 女	9. Marital status 婚姻狀況 <input checked="" type="checkbox"/> Single 單身 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Separated 分居 <input type="checkbox"/> Divorced 離婚 <input type="checkbox"/> Widow(er) 寡寡 <input type="checkbox"/> Other (please specify) 其他 (請註明)		
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian 未成年者: 請註明父母或監護人之姓名、地址 (若與申請人地址不同) 以及國籍			
11. National identity number, where applicable 身分證字號(若適用) A123456789			
12. Type of travel document 護照種類 <input checked="" type="checkbox"/> Ordinary passport 普通護照 <input type="checkbox"/> Diplomatic passport 外交護照 <input type="checkbox"/> Service passport 公務護照 <input type="checkbox"/> Official passport 官方護照 <input type="checkbox"/> Special passport 特別護照 <input type="checkbox"/> Other travel document (please specify) 其他相關旅行證件 (請註明):			
13. Number of travel document 護照號碼 123456789	14. Date of issue 發照日 (日/月/年) 01/01/2004	15. Valid until 效期截止日 (日/月/年) 01/01/2014	16. Issued by 發照機構 MOFA
17. Applicant's home address 申請者住家地址 NO. 10, TAIWAN ROAD, TAIPEI 110, TAIWAN E-mail address 電子郵件 AAA@AA.AA		Telephone number(s) 電話號碼 - 02-12345678	
18. Residence in a country other than the country of current nationality 是否居住在非原國籍地 <input checked="" type="checkbox"/> No 否 <input type="checkbox"/> Yes. Residence permit or equivalent 是。居留證或同等證明 No 證號 Valid until 效期截止日			
* 19. Current occupation 目前工作職稱 PRESIDENT			
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment 公司名稱、地址、電話/學校名稱及學校地址 MY COMPANY NO. 123, TAIPEI ROAD, TAIPEI 110, TAIWAN TEL: +886-2-23451234			
21. Main purpose(s) of the journey 停留主要目的 <input type="checkbox"/> Tourism 旅遊 <input checked="" type="checkbox"/> Business 商務 <input type="checkbox"/> Visiting Family or Friends 探訪親友 <input type="checkbox"/> Cultural 文化 <input type="checkbox"/> Sports 運動 <input type="checkbox"/> Official visit 公務 <input type="checkbox"/> Medical reasons 醫療 <input type="checkbox"/> Study 就學 <input type="checkbox"/> Transit 過境轉機 <input type="checkbox"/> Airport transit 機場轉機 (不入境) <input type="checkbox"/> Other (please specify) 其他(請說明)			
22. Member State(s) of destination 主要停留申根國家 POLAND		23. Member State of first entry 最先抵達的申根國家 GERMANY	
24. Number of entries requested 申請入境次數 <input checked="" type="checkbox"/> Single entry 單次 <input type="checkbox"/> Two entries 兩次 <input type="checkbox"/> Multiple entries 多次		25. Duration of the intended stay or transit. Indicate number of days 預計停留或過境天數 20	
26. Schengen visas issued during the past three years 過去三年內是否持有申根簽證及其效期(日/月/年) <input type="checkbox"/> No 否 <input checked="" type="checkbox"/> Yes 是. Date(s) of validity: from 效期自 10/10/2009 until 至 10/01/2010 from 效期自 until 至 from 效期自 until 至 from 效期自 until 至 from 效期自 until 至			
27. Fingerprints collected previously for the purpose of applying for a Schengen visa 過去辦理申根簽證是否留下指紋紀錄 <input checked="" type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 Date, if known 留下指紋日期 (若知道請填寫)			
28. Entry permit for the final country of destination, where applicable 轉機者是否有目的國家之入境許可 Issued by 發照機構 Valid from 效期自 until 至			
29. Intended date of arrival in the Schengen area 預計抵達申根地區日期(日/月/年) 01/11/2010		30. Intended date of departure from the Schengen area 預計離開申根地區日期(日/月/年) 20/11/2010	

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Date of application:

Visa application number:

Application lodged at:
 Embassy/consulate
 CAC
 Service provider
 Commercial intermed.
 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:

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Comment [1]:
•如有改過姓氏, 請填寫出生後的第一個姓氏。
例: 某女出生時之姓名為周艾妮, 後改姓為林艾妮, 且於嫁給林先生後冠夫姓為王林艾妮, 則本欄應填寫「周」與「林」
•如未曾變更姓氏, 請填寫與第 1 欄相同之姓氏

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Comment [2]: 請注意! 本表格內之所有日期一律以 日/月/年 之格式填寫

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Comment [3]:
•如轉機路徑為台灣-申根區外國家(如: 英國)-波蘭, 則此欄應填波蘭
•如轉機路徑為台灣-申根區內國家(如: 德國)-波蘭, 則此欄應填德國

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Comment [4]:
本日期應自抵達申根區(包括轉機機場)之日算起

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Comment [5]:
本日期應自離開申根區(包括轉機機場)之日算起

The fields marked with * shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields No 34 and 35.
註記 * 之項目, 歐洲聯盟、歐洲經濟區及瑞士居民之親屬(配偶、子女或是受撫養之長輩) 在行使旅行的權益時, 不需要填寫。歐洲聯盟、歐洲經濟區及瑞士居民之親屬應出示親屬關係證明文件並填寫第 34、35 項。

⁽¹⁾ Fields 1-3 shall be filled in accordance with the data in the travel document 第 1 至 3 項資料必須與護照相同。

* 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) 申根國邀請人姓名·若不適用·請填寫申根國境內旅館或臨時住所名稱 HOTEL NOVOTEL	
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s) 邀請人/旅館/臨時住所之地 址及電子郵件信箱 UL. NIEWIADOMA, 00-000 WARSAW, POLAND	Telephone and telefax 電話及傳真號碼 + 48-22-5960000 + 48-22-5960647
* 32. Name and address of inviting company / organisation 邀請公司 / 單位之名稱及地址 TAKAFIRMA SA UL. FALSZYWA, 00-000 WARSAW, POLAND	
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation 邀請公司 / 單位之聯絡人姓名、地址、電話、傳真及電子郵件信箱 MR. JAN KOWALSKI UL. FALSZYWA, 00-000 WARSAW, POLAND TEL: +48-22-1234567 FAX: +48-22-1234568 E-MAIL: XX@XX.PL	

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Comment [6]:

- 若邀請方為公司或單位機關，請填寫停留波蘭期間之住所名稱(如：旅館名稱)
- 若為私人邀請，請填寫邀請人之姓名
- 申請觀光簽證者，請填寫停留波蘭期間之住所名稱(如：旅館名稱)

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Comment [7]:

- 若邀請方為公司或單位機關，請填寫停留波蘭期間之住所地址(如：旅館地址)
- 若為私人邀請，請填寫邀請人之地址
- 申請觀光簽證者，請填寫停留波蘭期間之住所地址(如：旅館地址)


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Comment [8]:

- 若邀請方為公司或單位機關，需詳盡填寫
- 若為私人邀請或申請觀光簽證者，免填此欄

* 33. Cost of travelling and living during the applicant's stay is covered 停留期間旅行及居住所需費用之支付	
<input type="checkbox"/> by the applicant himself/herself 申請者自行負擔 Means of support 費用支付方式 <input type="checkbox"/> Cash 現金 <input type="checkbox"/> Prepaid accommodation 預付住宿 <input type="checkbox"/> Traveller's cheques 旅行支票 <input type="checkbox"/> Prepaid transport 預付交通費用 <input type="checkbox"/> Credit card 信用卡 <input type="checkbox"/> Other (please specify) 其他 (請註明)	<input checked="" type="checkbox"/> by a sponsor (host, company, organisation), please specify 贊助單位 (邀請者, 公司或單位) 負擔, 請註明 TAKAFIRMA SA <input checked="" type="checkbox"/> referred to in field 31 or 32 同 31、32 項 <input type="checkbox"/> other (please specify) 其他 (請註明) Means of support 費用支付方式 <input type="checkbox"/> Cash 現金 <input type="checkbox"/> Prepaid transport 預付交通費用 <input type="checkbox"/> Accommodation provided 提供住宿 <input type="checkbox"/> Other (please specify) 其他 (請註明) <input checked="" type="checkbox"/> All expenses covered during the stay 負擔停留期間所有費用


34. Personal data of the family member who is an EU, EEA or CH citizen 歐洲聯盟、歐洲經濟區及瑞士居民親屬之個人資料			
Surname 姓氏	First name(s) 名字	Date of birth 出生日期	Nationality 國籍
Number of travel document or ID card 護照或身分證號碼		35. Family relationship with an EU, EEA or CH citizen 與歐洲聯盟、歐洲經濟區及瑞士居民之親屬關係 <input type="checkbox"/> spouse 配偶 <input type="checkbox"/> child 子女 <input type="checkbox"/> grandchild 孫子女 <input type="checkbox"/> dependent ascendant 受撫養之長輩	

36. Place and date 申請地點及日期 Taipei, 13/10/2010	37. Signature (for minors, signature of parental authority/legal guardian): 申請者親自簽名 (未成年者: 家長/法定監護人簽本人姓名) 
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- Comment [9]:** 此欄簽名應與護照上之簽名相同; 申請人未成年時, 須有法定監護人簽名, 並附上其護照影本

I am aware that the visa fee is not refunded if the visa is refused. 我瞭解簽證一旦被拒絕, 將無法退費
Applicable in case a multiple-entry visa is applied for (cf. field No 24): 申請多次簽證者 (如本表格第 24 項): 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. 我了解第一次入境或之後再入境申根會員國時都必須備有適當的醫療保險。

I am aware of and consent to the following: the collection of the 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 the Member States 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, revoke or extend a visa issued will be entered into, and stored in the Visa Information System (VIS) ⁽²⁾ for a maximum period of five years, during which it will be accessible to the visa authorities and the 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 of 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 State responsible for processing the data is Urząd do Spraw Cudzoziemców, ul. Koszykowa 16, 00-564 Warszawa. 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: Generalny Inspektor Ochrony Danych Osobowych, ul. Stawki 2, 00-193 Warszawa will hear claims concerning the protection of personal data. I declare that to the best of my knowledge all particulars supplied by me are corrected 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 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 that possession of a visa is only one of the prerequisites for entry into 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 the European territory of the Member States. 本人瞭解且同意下列事項: 本人有義務繳交簽證申請所需之相關文件及照片, 若有需要, 甚至留下指紋紀錄, 提供簽證申請審查之用。簽證申請表格上任何與本人相關的個人資料、本人指紋及照片, 得提供其他申根會員國簽證單位, 以核發簽證。 上述資料以及包括本人簽證申請之審查結果, 或是取消、撤回、延簽等事項, 皆被登載及儲存在 Visa Information System(VIS) ⁽²⁾ , 最多五年。此期間, 該資料將提供申根會員國之相關簽證單位於境內、境外審查簽證之用, 及會員國之移民及庇護權責單位審理是否合法入境、停留或居留, 及庇護申請之審核。在某些情況下, 上述資料將會提供予會員國特定機關以及 Europol, 用以防範、偵查恐怖行動或重大犯罪。本國負責此事務之權責單位為 Urząd do Spraw Cudzoziemców, ul. Koszykowa 16, 00-564 Warszawa 本人瞭解本人有權利取得申根會員國登載於 VIS 與本人有關之資訊, 並有權要求更正不正確之資訊, 及刪除不合法取得的資訊。並要求告知本人相關權益, 包括符合該國法律之補救措施。本國負責個人資料保護之申訴單位為 Generalny Inspektor Ochrony Danych Osobowych, ul. Stawki 2, 00-193 Warszawa 本人聲明在本人所知的範圍內, 所提供之資料正確且完整。本人瞭解若遞交不實資料, 將導致簽證申請被拒, 已核可之簽證亦將被取消, 且可能接受該會員國法律制裁。 本人保證在簽證效期滿前離開申根國家, 本人被告知簽證之取得, 只是入境申根國家之先決條件, 若因不符合 Regulation (EC) No 562/2006(Schengen Borders Code)第五條第一款而被拒絕入境, 將不得請求賠償。入境申請之許可, 將會在會員國邊界入境時, 再度檢查。	
Place and date 申請地點及日期 Taipei, 13/10/2010	Signature (for minors, signature of parental authority/legal guardian): 申請者親自簽名 (未成年者: 家長/法定監護人簽本人姓名) 

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- Comment [10]:** 此欄簽名應與護照上之簽名相同; 申請人未成年時, 須法定監護人簽名; 如申請表格係由旅行社代送, 須加蓋旅行社印章

⁽²⁾ In so far as the VIS is operational 當 VIS 生效時