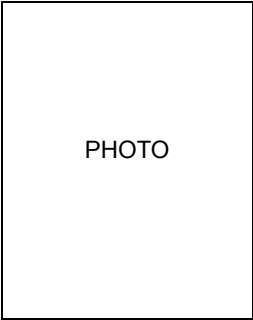




Application for Schengen Visa

This application form is free



1. Surname (Family name) (x) SOKOLOVA				For official use only Date of application: Visa application number: File handled by:	
2. Surname at birth (Former family name(s)) (x) ANTONOVA					
3. First name(s) (Given name(s)) (x) Anna					
4. Date of birth (day-month-year) 04/05/1996	5. Place of birth: G. KALININGRAD	7. Current nationality: Russian		Application lodged at: <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border	
6. Country of birth: Russia		Nationality at birth, if different			
8. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		9. Marital status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify)			
10. In the case of 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 checked="" 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 762346709	14. Date of issue 10/07/2015	15. Valid until 10/07/2025	16. Issued by Russia		
17. Applicant's home address and e-mail address UL. KIROVA, D. 5, KV. 3 236022 G. KALININGRAD Russia sokol.anna.1234@mail.ru			Telephone number(s) 89213425678		
18. Residence in a country other than the country of current nationality <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent No..... Valid until.....					
* 19. Current occupation Teacher					
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment. MAOU SOSH 8 UL. GERTSENA, D. 35 236029 G. KALININGRAD Russia 84012215459					
21. Main purpose(s) of the journey: <input checked="" type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Study <input type="checkbox"/> Medical reasons <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify):					

Name :
 Other

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:

* The fields marked with * do not need to 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. <https://открытаяевропа.pdf/>

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



FRA1KL20197030401

22. Member State(s) of destination France	23. Member State of first entry Poland
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input checked="" type="checkbox"/> Multiple entries	25. Duration of the intended stay or transit Indicate number of days: 90
26. Schengen visas issued during the past three years <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Dates(s) of validity . 12/01/2018...../..11/07/2018.....,/.....,/.....	
27. Fingerprints collected previously for the purpose of applying for a Schengen visa <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Date, if known: . 12/01/2018.....	
28. Entry permit for the final country of destination, where applicable Issued by , valid from..... until	
29. Intended date of arrival in the Schengen area 10/01/2020	30. Intended date of departure from the Schengen area 15/01/2020
* 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). IBIS PARIS MONTMARTRE	
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s) RUE CAULAINCOURT, 5 75018 PARIS France	Telephone and telefax 0033155301817
* 32. Name and address of inviting company/organisation	Telephone and telefax of company/organisation
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation	
* 33. Cost of travelling and living during the applicant's stay is covered	
<input checked="" type="checkbox"/> by the applicant himself/herself Means of support <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Pre-paid accommodation <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> by a sponsor (host, company, organisation) Please specify <input type="checkbox"/> referred to in field 31 or 32 <input type="checkbox"/> other (please specify): Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify):

* 34. Personal data of the family member who is an EU, EEA or CH citizen		
Surname		First name(s)
Date of birth	Nationality	Number of travel document or ID card
35. Family relationship with an EU, EEA or CH citizen: <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependant ascendant		
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.

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 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)⁽¹⁾ 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, or 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 State 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 (**Commission nationale de l'informatique et des Libertés – 3 Place de Fontenoy - TSA 80715 - 75334 PARIS CEDEX 07**) 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 be 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.

Place and date	Signature (for minors, signature of parental authority/legal guardian)
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⁽¹⁾ In so far as the VIS is operational.

Registration receipt

On 12/17/2019, your information has been recorded by the France-Visas system.

Reference of the application : FRA1KL20197030401

Last name/s : SOKOLOVA

First name/s: Anna

Birth date : 05/04/1996



<https://xn--80aaf1xeiedqc0joc.xn--p1ai/>

REQUIRED SUPPORTING DOCUMENTS TO SUBMIT YOUR APPLICATION

The day of your appointment, thank you for coming with your passport or any other travel document (containing at least two consecutive blank pages) + copy of the identity page of this document and the latest visas obtained + Originals and copy of all documents listed below, translated into French / English or Spanish (if accepted by the visa centre).

Please note : if any of these documents are missing, this may lead to the non-issuance of the visa you have applied for. The visa center reserves the right to ask for further documentation and information.

PRE-REQUISITES

- Application form dated and signed
Анкета (2 формуляра) с датой и подписью
 - A travel document, issued less than 10 years ago, containing at least two blank pages, with a period of validity at least 3 months longer than the date on which you intend to leave the Schengen Area or, in the case of a long stay, at least three months longer than the expiry date of the visa requested.
 - France-Visas receipt.
 - ID photograph
Фотография
- If you are not a national of your country of residence: proof that you are legally resident in that country (e.g. residence permit)
- Если Вы не являетесь гражданином РФ, необходим документ о легальном проживании в данной стране (вид на жительство...) действителен в течение как минимум трех месяцев после даты возвращения. Копия внутреннего паспорта (выдается с 14 лет): страницы, с биометрическими данными заявителя, данные о выданных загранпаспортах, гражданском состоянии и регистрации в Российской Федерации.

PURPOSE OF TRAVEL/STAY

Reservation confirmation of an organised trip or any other document describing the planned programme

Детализированное описание планируемого путешествия или подтверждение маршрута (документ, подтверждающий бронирование тура или любой другой документ с описанием программы поездки, например, бронь билета туда-обратно). Заявители, запрашивающие визу во французские заморские территории, французские департаменты Америки (DOM, DFA, TOM, CTOM) должны предоставить бронь круиза, или бронь/копии билетов на самолёт

Reservation of a return ticket or travel itinerary.

Заявители (граждане РФ или другой страны), подающие документы на краткосрочную визу во Францию с целью туризма или частного визита, предоставляют подтверждение маршрута (например, маршрутный лист, написанный от руки...). Заявители, запрашивающие визу во французские заморские территории, французские департаменты Америки (DOM, DFA, TOM, CTOM) предоставляют бронь круиза, или бронь/ксерокопии билетов на самолёт.

TRAVEL HEALTH INSURANCE

Travel health insurance certificate (cf FAQ)

Действующий и отвечающий необходимым требованиям страховой полис, покрывающий даты первой планируемой поездки

ACCOMMODATION

Reservation of a hotel or sufficient resources to cover hotel expenses (to the amount of €120/day) or a tenancy agreement or certificate of ownership. If staying with a private individual: proof of accommodation (Cerfa form).

Подтверждение проживания: бронь отеля на имя заявителя, договор аренды или документ о праве собственности или подтверждение проживания туроператором на официальном бланке

FUNDS

Bank statements, pay slips, pension statements

Финансовое обеспечение, выписка с банковского счета, справка о доходах физического лица 2-НДФЛ, копия первой страницы (с фотографией) паспорта спонсора, подтверждение доходов спонсора, подтверждение родственной связи заявителя со спонсором (св-во о рождении, браке, и т.д.)

SOCIO-PROFESSIONAL SITUATION

Proof of socio-professional status (e.g. employment contract, certificate of employment, extract from the trade and companies' register, school attendance certificate, proof of pension) and any documents demonstrating the applicant's personal links to the country of residence (e.g. copy of marriage certificate, family record book).

Справка с работы (с указанием адреса/телефона/зарплаты заявителя/имя работодателя)

APPLICABLE VISA FEE

On the day of your appointment, you will have to pay the application fee of : 35 €*, or about 2 465 RUSSIAN RUBLES.

* This amount is for informational purposes only and must be paid in local currency. Certain individual cases may give rise to different prices, in accordance with applicable regulations.

In those case where the submission of your application is made with a service provider, service fees will be collected.

The amount indicated in the local currency is subject to changes in exchange rates and is subject to change