Application for National Visa This application form is free

PHOTO

PL

1. Surname (Family name) (x)	WYŁĄCZNIE DO UŻYTKU SŁUŻBOWEGO				
2. Surname at birth (Former family name	Data złożenia wniosku:				
3. First name(s) (Given name(s)) (x)	Numer wniosku:				
4. Date of birth (day–month–year)	5. Place of birth6. Country of birth		7. Current of Citizensl different	hip at birth (if	Wniosek złożono: ☐ w ambasadzie lub konsulacie ☐ u usługodawcy ☐ u pośredniczącego podmiotu komercyjnego
8. Sex male female	9. Marital status Single				□ na granicy Nazwa: □ inne
10. In the case of minors: Surname first n authority/legal guardian	Wniosek przyjęty przez:				
11. National identity number (where appl	icable)				Dokumenty uzupełniające: dokument podróży
12. Type of travel document: ☐ Ordinary passport ☐ Diplomatic ☐ Other travel document (please spe	☐ środki utrzymania☐ zaproszenie☐ środek transportu☐				
13. Number of travel document	14. Date of issue			16. Issued by	☐ podróżne ubezpieczenie medyczne ☐ inne:
17. Applicant's home address and e-mail address Telephone number(s)					Decyzja o wizie krajowej: ☐ odmowa wydania wizy ☐ wydanie wizy:
Residence in a country other than the coutr	y of current citizenship				
☐ no ☐ yes. Residence permit or equivalent					
* 19. Current occupation					Od
* 20. Employer and employer's name, address and telephone number. For students – name and address of school					DoLiczba wjazdów: ☐ 1 ☐ 2 ☐ wielokrotny
21. Main purpose(s) of travel: ☐ Tourism ☐ Business ☐ Visiting family or friends ☐ Cultural ☐ Sports ☐ Official visit ☐ Medical reasons ☐ Study ☐ Other (please specify)					Liczba dni:

22 Mambar State of 1	22.35	mbon State of first	
22. Member State of destinationPOLAND		nber State of first entry	
		tion of intended -t	
24. Number of entries requested ☐ Single ☐ Two entries		ation of intended stay se indicate number of days	
☐ Multiple entries			
The fields marked with * shall not be filled in by their right to free movement. Family members of 35. (x) Fields 1-3 shall be filled in in accordance with	EU, EEA or CH citizen	s shall present documents to prove this i	
26. Previous National and Schengen visas (issued			
	during the past three ye	cais)	
☐ yes. Date(-s) validity from	to		
27. Fingerprints collected previously for the purpo	ose of applying for a Na	tional visa	
28. Entry permit for the final country od destinati	on		
N	OT APPLICABLE		
20. Intended data of amigal in the Demuhlic of Del	and 20 Intende	d date of departure from the Republic of	
29. Intended date of arrival in the Republic of Pol			
* 31. Surname and first name of the inviting person	on(s) in the Republic of	Poland. If not applicable name of the	
hotel(s) or temporary accommodation(s) in t	he Republic of Poland.		
Address and e-mail address of inviting person(s)/l accommodation(s)	Telephone and telefax		
* 32. Name and address of inviting company/orga	anisation	Telephone and telefax of	
		company/organisation	
Surname, first name, address telephone, telefax ar	nd e-mail address of cor	tact person in company/organisation:	
Summer, mor name, address terephone, terema a	. 	must person in company, organismion	
* 33. Costs of travelling and living during the app	olicant's stay is covered		
☐ by the applicant himself/herself	☐ by sponsor (he	ost, company, organisation), please	
Moone of support	specify		
Means of support ☐ Cash		☐ referred to in field 31 or 32 ☐ other (please specify)	
☐ Traveller's cheques	Means of support		
☐ Credit card	☐ Cash		
☐ Prepaid accommodation	☐ Accommodation provided		
☐ Prepaid transport	☐ All expenses co		
☐ Other (please specify) ☐ Prepaid transport			
	☐ Other (please sp	pecify)	

34. Personal data of the family	y member who is an EU, EEA or	CH citizen				
Surname		First name(s)				
Date of birth	Citisenship	Number of travel document of ID card				
35. Family relationship with a						
☐ spouse ☐ child	☐ grandchild ☐ dependent a	scendant				
36. Place and date		7. Signature (for minors, signature of parental authority/legal guardian)				
I am aware that the visa fee is	s not refunded if the visa is refuse	d.				
Applicable in case a multiple-entry visa is applied for (cf. Field No 24): I am aware of the need to have for my stay and subsequent visits to the territory of the Republic of Poland, an adequate health insurance as indicated by regulations on medical services financed by public funds, or an adequate travel medical insurance.						
I declare that according to my knowledge all detailed information provided by me is correct and complete. I am aware that submitting application and additional documents containing untrue personal data or false information, declaring untruth or withholding trouth or flasifying or altering document with the intent of using it as authentic or using it as authentic will result in National visa being refused or existing visa being annuled; pursuant to Polish law this may make me liable to criminal charges.						
I undertake to leave the territory of the Republic of Poland at the latest on the last day of my stay authorised by National visa.						
I am aware that holding National visa constitutes only one of the conditions for entry into the territory of the Republic of Poland. Obtaining National visa does not mean the acquisition of right to compansation in case of refusal of leave to enter the territory of the Republic of Poland as a result of failing to meet condition for entry, as specified by Alien's Act. Conditions for entry shall be checked again when entering the territory of the Republic of Poland.						
I am aware that the National visa may be revoked if I will no langer continue to meet conditions for granting such visa.						
Place and date		Signature (for minors, signature of parentel au	thority/legal guardian):			