## 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)	<ul><li>5. Place of birth</li><li>6. Country of birth</li></ul>			7. Current of Citizensh different	nip at birth (if	Wniosek złożono:  ☐ w ambasadzie lub konsulacie ☐ u usługodawcy ☐ u pośredniczącego podmiotu		
8. Sex	9		gle $\square$ M	arried □ Se	parated □ Divorced e specify)	komercyjnego □ na granicy  Nazwa: □ inne		
10. In the case of minors: Surname first na authority/legal guardian	Wniosek przyjęty przez:							
11. National identity number (where appli	cable)					Dokumenty uzupełniające:		
12. Type of travel document:						dokument podróży		
☐ Ordinary passport ☐ Diplomatic p	passport $\square$ Ser	vice pass	nort 🗆 Of	ficial passport	Special passport	☐ środki utrzymania ☐ zaproszenie		
_	srodek transportu							
☐ Other travel document (please special). Number of travel document	211y) 14. Date of issu	10	15. Valid	until	16. Issued by	podróżne ubezpieczenie		
13. Ivaliber of travel document	14. Date of Issue		13. Vand until		10. Issued by	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								
□ no								
☐ yes. Residence permit or equivalentNumberValid until								
						☐ Termin ważności:		
* 19. Current occupation						Od		
* 20. Employer and employer's name, address and telephone number. For students – name and address of school						Do		
F 1971 and the transport of the second secon						Liczba wjazdów:		
	☐ 1 ☐ 2 ☐ wielokrotny							
21. Main purpose(s) of travel:	Liczba dni:							
☐ Tourism ☐ Business ☐ Visiti								
☐ Medical reasons ☐ Study ☐ C								
1								

22 Mambar State of docting time	22.34	mbou State of first out-	<u> </u>		
22. Member State of destinationPOLAND		mber State of first entry			
		tion of intended stor-			
24. Number of entries requested		ation of intended stay se indicate number of days			
☐ Single ☐ Two entrries					
☐ 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	cars)			
no					
☐ yes. Date(-s) validity from	to				
27. Fingerprints collected previously for the purpo	ose of applying for a Na	tional visa			
	□ no □ <b>yes</b> Date (if known)				
28. Entry permit for the final country od destinati	on				
N	OT APPLICABLE				
29. Intended date of arrival in the Republic of Pol	nad 30. Intende Poland	d date of departure from the Republic of			
* 31. Surname and first name of the inviting personal states are stated as a second state of the second states are stated as a second state of the second states are stated as a second state of the second states are stated as a second state of the second stated stated as a second stated stated as a second stated stated stated stated stated as a second stated	on(s) in the Republic of	Poland. If not applicable name of the			
hotel(s) or temporary accommodation(s) in t					
Address and e-mail address of inviting person(s)/l	notel(s)temporary	Telephone and telefax			
accommodation(s)					
* 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 con	tact person in company/organisation:			
* 33. Costs of travelling and living during the app	olicant's stav is covered		-		
and the same of th					
☐ by the applicant himself/herself		ost, company, organisation), please			
Means of support	specify	□ referred to in field 31 or 32			
☐ Cash		☐ other (please specify)			
☐ Traveller's cheques	Means of support	□ other (piease specify)			
☐ Credit card	□ Cash				
☐ Prepaid accommodation	☐ Accommodation	n provided			
☐ Prepaid transport	☐ All expenses co	overed during the stay			
☐ Other (please specify)	☐ Prepaid transpo	rt			
☐ Other (please specify)					

34. Personal data of the family						
Surname		First name(s)				
Date of birth	Citisenship	Number of travel document of ID card				
35. Family relationship with a						
☐ spouse ☐ child						
36. Place and date		7. 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 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):			