

Application for Schengen Visa

This application form is free

此处粘贴白底小二							
寸彩照一张							
PH	ото						
	/						

1. Surname (Family name) (x) Zhang 张 1728							For official use only	
2. Surname at birth (Former family name(s)) (x) Zhang 张 1728						Date of application:		
								Visa application number:
3. First name(s) (Given name(s)) (x)	San	三 0005	5					Application lodged at
4. Date of birth (day-month-year)	5. Place	of birth Jia	ang S	u :		nationality		☐ Embassy/consulate
10-10-1970	6. Coun	6. Country of birth China Nationality at birth, if different: China			t:	☐ CAC ☐ Service provider		
						hina		☐ Commercial intermediary
8. Sex		9. Marital sta			. 1 -			☐ Border
✓ Male Female	✓ Male ☐ Female ☐ Single ☑ Married ☐ Separated ☐ Divorced ☐ Widow(er) ☐ Other (please specify)				(er)	Name:		
10. In the case of minors: Surname,	, first nam	ne, address (if	different	from ap	oplicant's) a	and nationality of parer	ıtal	☐ Other
authority/legal guardian								File handled by:
11. National identity number, where applicable 340120197010101111 ← 请填身份证号							Supporting documents:	
12. Type of travel document								☐ Travel document
Ordinary passport Diplo	matic pas	sport Serv	ice passp	ort 🔲 (Official pas	ssport 🗌 Special passp	ort	☐ Means of subsistence
V ✓ Other travel document (plea	se specify) Passpo	rt fo	r Put	olic Af	fairs		☐ Invitation
13. Number of travel	4. Date of			lid until		16 Issued by		☐ Means of transport ☐ TMI
document		10 2012 Oct 10 2019 Ministry of Foreign				□ Other: 因公普通护照签:		
17. Applicant's home address and e-mail address Telephone number(s)						Visa decisic <mark>机关为外交部</mark>		
Beihang University, No. 37 Xueyuan Road, 86-10-82310000						□ Refused		
18. Residence in a country other th	an the co	untry of curre	ent natio	nality				请按 _{ued:} 个人
☑ No							`	实际
☐ Yes. Residence permit or equivalent No						情况 _V		
* 19. Current occupation								填写 lid
Professor					\square	From		
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment. Beihang University, No. 37, Xueyuan Road, 100191 Beijing, China.					Until			
Te1: 86-10-82331100					Number of entries: ☐ 1 ☐ 2 ☐ Multiple			
21. Main purpose(s) of the journey: ☐ Tourism ☐ Business ☐ Visiting family or friends ☐ Cultural ☐ Sports								
Official visit					Number of days:			
□ Medical reasons 出访目的选Business								
☐ Study ☐ Transit ☐ Airport transit ☐ Other (please specify)								

此处
只能
选择
一次
入境

22. Member State(s) of destination France	23. Member State of first entry France						
24. Number of entries requested	25. Duration of the intended stay or transit						
✓ Single entry □ Two entries	'			比件总天数			
☐ Multiple entries		Five days \leftarrow	السال	1缩短出			
			访,请	討安际离 ————			
The fields marked with * shall not be filled in by family members of EU, EEA or CH citizens (spouse, ch 抵京总天数填写) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove 抵京总天数填写 fields No 34 and 35.							
(x) Fields 1-3 shall be filled in in accordance with the da	(x) Fields 1-3 shall be filled in in accordance with the data in the travel document.						
26. Schengen visas issued during the past three years							
□ No							
Yes. Date(s) of validity from0.c.t21,20.	1.2	toQc.t26,2012		请按 个人			
27. Fingerprints collected previously for the purpose of	applying f	or a Schengen visa					
✓ No ☐ Yes				出访			
	•••••	Date,	if known	信息			
	填写						
28. Entry permit for the final country of destination, w							
Issued by Valid from)						
29. Intended date of arrival in the Schengen area Oct 21, 2013 ←							
* 31. Surname and first name of the inviting person(s) i	n the Mem	24, 2013 ber State(s). If not applicable, name	of hotel(s)	连块状件却让口钳			
or temporary accommodation(s) in the Member S	State(s) RE	ME. Henri		植写 加缩短式推			
Address and a mail address of inviting person(s)/hotal(s)/				迟出访,请按实际			
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s) 9. Avenue Colonel Roche, BP4346 31028, Tel: 33 (0) 5. 61556665				离抵京日期填写			
Toulouse. Cedex4, France. reme@cesr.fr		Fax: 33 (0) 5. 61556701		1-530000 (14 703 70 3			
* 32. Name and address of inviting company/organisati Centre d'Etude Spafials des Rajonnement 9, A							
Colonel Koche BP4346 31028. Toulouse Cedex4, France							
Fax: 33 (0) 5. 61556701							
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 RMB 20,000							
□ by the applicant himself/herself	by a sponsor (host, company, organisation), please specify						
Means of support	referred to in field 31 or 32			如出访经费由北			
☐ Cash	Beihang University			→ 航支付 , 请照此			
☐ Traveller's cheques	Means of support			填写			
☐ Credit card	☐ Cash						
☐ Prepaid accommodation	☐ Accommodation provided						
Prepaid transport		epenses covered during the stay					
Other (please specify)	☐ Prepaid transport ☐ Other (please specify)						

34. Personal data of the family 1	member who is an EU, EEA	A or CH o	citizen			
Surname Fi		First na	me(s)			
Date of birth	Nationality		Number of travel document or ID ca	rd		
35. Family relationship with an ☐ spouse ☐ child		grand	dchild □ dependent ascendant			
	37. Signature (for minors, signature of parental authority/legal guardian)		gal ☑ 黑色签字笔本人 亲笔中文签字			
I am aware that the visa fee is n	not refunded if the visa is r	efused.				
Applicable in case a multiple-ent	rry visa is applied for (cf. fi	eld No 24	4):			
I am aware of the need to have a	an adequate travel medical i	insurance	for my first stay and any subsequent visi	ts to the territory of Member States.		
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 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 State sand 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 inf						
Place and date Beijing. Oct. 09	0. 2013		Signature (for minors, signature of parental at	uthority/legal guardian):		
(¹) In so far as the VIS is operation	onal.		黑色签字笔本 笔中文签字	人亲		