

# Application for National Visa

This application form is free

# PL

PHOTO

|   |  |  |  |   |  |  |  |                                     |  |               |  |
|---|--|--|--|---|--|--|--|-------------------------------------|--|---------------|--|
| 1. Surname (Family name) (x)  |  |  |  | WYŁĄCZNIE DO UŻYTKU<br>SŁUŻBOWEGO<br>OFFICIAL USE ONLY<br><br>Data złożenia wniosku:<br><br>Numer wniosku:<br><br>Wniosek złożono:<br><input type="checkbox"/> w ambasadzie lub konsulacie<br><input type="checkbox"/> we wspólnym ośrodku przyjmowania wniosków<br><input type="checkbox"/> u usługodawcy<br><input type="checkbox"/> u pośredniczącego podmiotu komercyjnego<br><input type="checkbox"/> na granicy<br><br>Nazwa:<br><input type="checkbox"/> inne<br><br>Wniosek przyjęty przez:<br><br>Dokumenty uzupełniające:<br><input type="checkbox"/> dokument podróży<br><input type="checkbox"/> środki utrzymania<br><input type="checkbox"/> zaproszenie<br><input type="checkbox"/> środek transportu<br><input type="checkbox"/> podrózne ubezpieczenie medyczne<br><input type="checkbox"/> inne:<br><br>Decyzja o wizie:<br><input type="checkbox"/> odmowa wydania wizy<br><input type="checkbox"/> wydanie wizy:<br><br><input type="checkbox"/> Termin ważności:<br>Od .....<br>Do ..... |  |  |  |                                     |  |               |  |
| 2. Surname at birth (Former family name(s)) (x)   |  |  |  |   |  |  |  |                                     |  |               |  |
| 3. First name(s) (Given name(s)) (x)  |  |  |  |   |  |  |  |                                     |  |               |  |
| 4. Date of birth (day-month-year)   |  | 5. Place of birth  |  |   |  |  |  | 7. Current nationality              |  |               |  |
|   |  | 6. Country of birth  |  |   |  |  |  | Nationality at birth, if different: |  |               |  |
| 8. Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female   |  | 9. Marital status<br><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced<br><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<br><input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport<br><input type="checkbox"/> Other travel document (please specify)  |  |  |  |   |  |  |  |                                     |  |               |  |
| 13. Number of travel document   |  | 14. Date of issue  |  |   |  |  |  | 15. Valid until                     |  | 16. Issued by |  |
| 17. Applicant's home address and e-mail address   |  |  |  |   |  |  |  | Telephone number(s)                 |  |               |  |
| 18. Residence in a country other than the country of current nationality<br><input type="checkbox"/> No<br><input type="checkbox"/> Yes. Residence permit or equivalent ..... No ..... Valid until .....  |  |  |  |   |  |  |  |                                     |  |               |  |
| * 19. Current occupation  |  |  |  |   |  |  |  |                                     |  |               |  |
| * 20. Employer and employer's address and telephone number. For student, name and address of educational establishment.   |  |  |  |   |  |  |  |                                     |  |               |  |
| 21. Main purpose(s) of the journey:<br><input 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<br><input type="checkbox"/> Medical reason <input type="checkbox"/> Study <input type="checkbox"/> Other (please specify) |  |  |  | Liczba wjazdów:<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> wielokrotny<br><br>Liczba dni:  |  |  |  |                                     |  |               |  |

|   |   |  |
|---|---|--|
| 22. Member State(s) of destination<br>-----POLAND-----  | 23. Member State of first entry   |  |
| 24. Number of entries requested<br><input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries | 25. Duration of the intended stay of transit<br>Indicate number of days |  |

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.

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

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| 26. National visas issued during the past three years<br><input type="checkbox"/> No<br><input type="checkbox"/> Yes. Dates(s) of validity from ..... to .....  |  |  |
| 27. Fingerprints collected previously for the purpose of applying for a Schengen visa<br><input type="checkbox"/> No <input type="checkbox"/> Yes<br>..... Date, if known   |  |  |
| 28. Entry permit for the final country of destination, where applicable<br>----- NOT APPLICABLE -----   |  |  |
| 29. Intended date of arrival to the Republic of Poland  | 30. Intended date of departure from the the Republic of Poland |  |
| * 31. Surname and first name of the inviting person(s) in the the Republic of Poland. If not applicable, name of hotel(s) or temporary accommodation(s) in the the Republic of Poland.  |  |  |
| Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s)  |  | Telephone and telefax  |
| * 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 type="checkbox"/> by the applicant himself/herself<br>Means of support<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Traveller's cheques<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Prepaid accommodation<br><input type="checkbox"/> Prepaid transport<br><input type="checkbox"/> Other (please specify) |  | <input type="checkbox"/> by a sponsor (host, company, organisation), please specify<br>..... <input type="checkbox"/> referred to in field 31 or 32<br>..... <input type="checkbox"/> other (please specify)<br>Means of support<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Accommodation provided<br><input type="checkbox"/> All expenses covered during the stay<br><input type="checkbox"/> Prepaid transport<br><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 of ID card                                       |
| 35. Family relationship with an EU, EEA or CH citizen<br><input type="checkbox"/> spouse <input type="checkbox"/> child ..... <input type="checkbox"/> grandchild <input type="checkbox"/> dependent 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 national visa is applied for (cf. Field No 24):  
I am aware of the need to have an adequate travel health insurance in the meaning of regulations on health care benefits financed out of public funds or travel health insurance for my first stay and any subsequent visits to the territory of the Republic of Poland.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that the submission of an application and/or supplementary documents containing untrue personal data or false information, declaration of untruth or the suppression of truth, forgery or tampering with a document with the intent of passing it off as genuine or the use of such a document as genuine will lead to my application being rejected or to the annulment of a national visa already granted, and may also render me liable to prosecution under Polish law.

I undertake to leave the territory of the Republic of Poland not later than the last day of the national visa's validity.

I am aware that possession of a visa is only one of the prerequisites for entry into the territory of the Republic of Poland. The 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 the Law on Aliens and am refused entry. The prerequisites for entry will be checked again on entry into the territory of the Republic of Poland.

I am aware that a granted national visa may be revoked if I no longer meet the requirement for its issuance.

|                |   |
|----------------|---|
| Place and date | Signature (for minors, signature of parental authority/legal guardian): |
|----------------|---|

<sup>1</sup> In so far as the VIS is operational.