



Ambasciata d'Italia

PHOTO

Application form for National Visa (D)
Free application form

1. Surname (Family Name) / (x)
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
6. Country of birth
7. Current nationality
8. Sex
9. Marital status
10. In case of minors: surname, first name, address...
11. National identity number...
12. Type of travel document
13. Number of travel document
14. Date of issue
15. Valid until
16. Issued by
17. Applicant's home address and e-mail address
18. Residence in a country other than the country of current nationality
19. Current occupation
20. Employer and employer's address and telephone number
21. Purpose of the journey
Supporting documents:
Visa Decision:
Type of visa:
Number of entries:

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

22. City of destination	23. Eventual member State of first entry
24. Number of entries requested/: <input type="checkbox"/> Single entry/..... <input type="checkbox"/> Two entries/..... <input type="checkbox"/> Multiple entries/.....	25. Duration of the stay. Specify the number of days (max. 365 days) /:
26. Schengen Visas issued during the past three years/: <input type="checkbox"/> No/... <input type="checkbox"/> Yes. Date/s of validity / from/..... to /.....	
27. Fingerprints collected previously for the purpose of applying for a Schengen visa: <input type="checkbox"/> No/... <input type="checkbox"/> Yes/... Date, if known/.....	
28. Number of authorization SUI issued to join family member/accompany family member/subordinate employment (only if required by the law regulating the type of visa required)/ Issued by SUI of /..... Valid from/..... to/.....	
29. Intended date of arrival in the Schengen area	30. Intended date of departure from the Schengen area (only for visa with duration included between 91 and 364 days)
31. Surname and first name of the inviting person who has required the joining or of the employer. Otherwise, in case of Visas for Adoption, Religious reasons, Medical treatment, Sport, Study, Mission: address in Italy:	
Address and e-mail address of the inviting person (s) or of the employer	Telephone number and telefax of the inviting person (s) or of the employer
32. Name and address of the inviting company/organization	Telephone number and telefax of the company/organization
Surname, first name, address, telephone , telefax and e-mail address of contact person of the company/ organization /	
33. Costs of travelling and living during the applicant's stay is covered	
<input type="checkbox"/> by the applicant himself/herself Means of support/.....: <input type="checkbox"/> Cash/ <input type="checkbox"/> Traveller's cheque/..... <input type="checkbox"/> Credit cards/..... <input type="checkbox"/> Pre-paid accomodation/..... <input type="checkbox"/> Pre-paid transport/..... <input type="checkbox"/> Other (please specify)/..... UNNECESSARY INDICATION IN CASE OF THE FOLLOWING TYPES OF VISA: Joining or accompanying Family member, Subordinate or self employment/, Mission, Diplomatic, Adoption.	<input type="checkbox"/> by a sponsor (host, company, organization), 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"/> Accomodation provided/..... <input type="checkbox"/> All the expenses covered during the stays/ <input type="checkbox"/> Pre-paid transport/..... <input type="checkbox"/> Other (please specify)/(.....):.....

