

Consulate General of Italy Boston

Photo

Application for National Visa (D) This application form is free

1. Surname (s) (family name(s)) (x)	-		<u></u>
2. Surname(s) at birth (former family name(s	FOR EMBASSY /CONSULATE USE ONLY		
3. First names (given names) (x)	Date of application:		
	CAMBRIDGE, MA	Current nationality TMERICAN	Visa application number:
		tionality at birth, if different:	Application lodged at: □Embassy/Consulate
8. Sex/	9. Marital status/		City hall CAC Service provider Commercial Intermediary Other
	Other (please specify)/		Name:
10. In the case of minors: Surname, first nam legal guardian/	File handled by:		
11. National Identity number, where applical	Name of person who received file at window:		
12. Type of travel document/ Ordinary passport Service passport Special passport. Other travel document (please specify)	Supporting documents: Travel document Means of substance Invitation		
13. Number of travel document/	☐ Means of transport ☐ Travel Health insurance ☐ Other		
17. Applicant's home address and e-mail a	Visa decision: ☐Refused ☐Refused for SIS non cancellable.		
18. Residence in a country other than the cou No Yes. Residence permit or equivalent/	No V		□Suspended File □Issued
19. Current occupation/	Type of visa:		
20. Employer and employer's address and t establishment. BOSTON UNIVERSE BBB COMMON	□Valid: from		
21. Main Purpose(s) of the journey/	until		
Family reunion/Visiting Family	<u> </u>		Number of entries:
☐ Religious ☐ Sports ☐ Medical treatment ☐ Study ☐ Self employment ☐ Other	☐ Business ☐ Adoption please specify)	☐ Diplomatic ☐ Employment	☐ 2 ☐ Multiplie

(x) In fields from 1 to 3 information must be inserted as it appears on travel documents.

OR WHATEVER CITY IN ITALY YOU ARE ENTERING

22. City of destination 2.	3. State of first entry		1
PADOVA	ROME	4	
24. Number of entries requested/ 2:	5. Duration of the stay. Indicate number		7* YOUR
☐ One/ ☐ Two/ 🔀 Multiple/	of days (max. 365 days)/EUERYONE HOULD FILL (N AS THIS		VISA
N. C.	STHE NUMBER OF DAYS OF AN		WILL BE ISSUED
26. Schengen visas issued during the past three years /			FOR
□No/			LONG ER
☐Yes. Date(s) of validity / from/		THAN THIS	
27. Fingerprints taken previously for the purpose of ap			THAN IND
□No/ □ Yes/Date, if known/			
	ly reunification/accompanying family/employment (only in		
case where required by legislation governing the type of Issued by SUI of /			
	until/		
29. Intended date of arrival in the Schengen area	30. Intended date of departure from the Schengen area		
(INTO ITALY)	(only for visas valid for stays of between 91-364 days)		
(INIC TIALY)	LISTED ON ITINERARY)		
31. Surname and first name of the inviting person or em			
Religious reasons, Medical reasons, Sports, Study, Miss			
BOSTON UNIVERSITY	PADOVA PROGRAM		
CENTER FOR ITALIAN AN	D EUROPEAN STUDIES		
Address and e-mail address of inviting person(s) or	Telephone and fax of inviting person(s) or		
employer CONVENTOR BU. EDU	employer		
GALLERIA SANTA LUCIA,	1 39-649-650-303		
35139, PADOVA	39-049-654-55		
5.5101, PAWVA	39-011-651-55		
32. Name and address of inviting company/organisation	Telephone and fax of company/organisation		
/			- r -
Surname and first name, address, telephone, fax and e-i	nail address of contact person in company/organisation/		
33. Cost of travelling and living expenses is covered by /			
by the applicant himself/herself/	by sponsor (host, company, organisation), specify/		
	Referred to in field 31 or 32 /		
Means of support/	Referred to in field 31 of 327		
	other (please		
Traveller's cheques/	specify)/		
Credit card/	Means of support/		
Prepaid accommodation/			
☐ Prepaid transport/ Other (please specify)/	Cash/		
	Accommodation provided		
STATEMENT NOT NECESSARY FOR FOLLOWING VISAS:	All expenses covered during the stay/		
Family reunion, Accompanying Family, Employment/Sel	Prepaid transport/		
employed, Business, Diplomatic, Adoption.	Other (please specify)/():		

	34. Personal data of the family member	who is an EU, SEE	or CH citizen /				
	Surname /	Surname/ Fin					
				•			
	Date of birth /	Nationality /	_L	Number of travel document or ID card			
		- 2 - 1 - 1					
	35. Family relationship with an EU, SEE	or CH citizen/					
	spouse/						
	other direct descendant/ dependent ascendant/ 36. Place and date / 37. Signature (for minors, signature of parental authority/legal guardian) /						
	36 Place and date /		37 Signature (for	minors, signature of parental			
	50. Timee and date /		authority/legal gu	ardian)/			
	BOSTON, MA			Dre .			
EVERYONE			your				
SHOULD	WITOBER 3.1.	2010	A YOU M	UST SIGN IN			
FILL IN MK	A OCTODAVIS 1	DATE	BLUE	INK ONLY *			
BOSTOM	25	DITTE		A			
REGARDLE	=						
OF WHER		£					
VINU ARE							
900	I am aware that the visa fee is not refund	ded if the visa is refu	sed.				
	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 wil entered, and stored in the Information System of this Consulate General, and the Ministry of Foreign Affairs. Such data will be accessible to competent Italian visa authorities. It will be accessible to the competent Schengen authorities in order to check on visas at external borders within the Member States, immigration and asylum authorities in the Member States for the purposes of verifying whether the conditions for legal entry into, stay and residence in the territory the Member States are fulfilled, of identifying persons who do not or who no longer fulfil the conditions, of examining an asylum application and of determining responsibility for such examination. Under certain conditions the data will be accessible to authorities designated by the Member States and to Europol for the purpose of the prevention, detection and investigation terrorist offenses and of other serious criminal offenses I am aware that I have the right to obtain the data transmitted relating to me recorded in the information systems and to request that or relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request, authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me have them corrected or deleted, including the related remedies according to the national law. I declare that to the best of my knowledge all information supplied by me are complete and correct. I am aware that any false statements will to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of Representative country under State legislation (articolo 331 c.p.p.). The mere 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 th						
	ANNOTATIONS (OCC	20 1100 201-1					
	.ANNOTATIONS (Office	ce use only)					
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