Arezzo Sample Visa



Paper clip photo here.



Consulate General of Italy Boston

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

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	1. Surname (s) (family name(s)) (x)	Last Naw	10		
	2. Surname(s) at birth (former family nam	e(s)) (x)	(R 1)	prent)	FOR EMBASSY /CONSULATE USE ONLY
	3. First names (given names) (x)	First and	Middle	Names	Date of application:
	4. Date of birth (day-month-year)	5. Place of birth/s	7. Current n	nationality	Visa application number:
*	00/mm/yyyy	6. Country of birth/	Nationality	at birth, if different:	Application lodged at:
	8. Sex/	9. Marital status/		had what	□Embassy/Consulate □City hall CAC □Service provider
	Male Female Choose	MSingle □Separated	Married O	pplies to	Commercial Intermediary Other
=	one	□Widow/er □Other (please specify)/			Name:
	10. In the case of minors: Surname, first n legal guardian/		pplicant's) and nation	nality of parental authority/	
		inless under	18		File handled by:
	11. National Identity number, where appli		unty#	for US	Name of person who received file at window:
	12. Type of travel document/				•
	Ordinary passport		atic passport		Supporting documents:
	Service passport	☐ Officia	Inassnort		
			, passport	×	☐Travel document
	Special passport. Other travel document (please specify		, passport		☐Means of substance
	☐ Special passport. ☐ Other travel document (please specify 13. Number of travel document/	·)	until	16. Issued by	
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Students Cyo++ F.1 Visa Green	Special passport. Other travel document (please specify 13. Number of travel document/	of issue	Telephone USE PW Valid until	ss of educational	Means of substance Invitation Invitati

	Scheyen Z	one evenil	Fit
22. City of destination	23. State of first entry	layouer o	(
Arezzo, Italy	Paris, France Paris for	ing flight	+1811
24. Number of entries requested/:	25. Duration of the stay. Indicate number of days (max. 365 days) /	cacining	न्य माष्ट्राग्र
One/ Two/ Multiple/	of days (max. 305 days)/	1	. 11
	100 days -7 (1+ y	ou are th	aveling
26. Schengen visas issued during the past three years		er the no	MARONA
MNO/ complete only 17 4	ou received a schogen at	Charles I	dellani
Yes. Date(s) of validity / from/ V137	LIN 1937 3 YEARS	lon should	add
27. Fingerprints taken previously for the purpose of		days to	the
. 1	······································	difficultion	151 1
No/ Yes/Date, if known/		. Coldition	119269
28. Number of no objection document issued for fa	mily reunification/accompanying family/employment (only in		
	of being requested)/		
Issued by SUI of /	e Black		9 B
Valid from/29. Intended date of arrival in the Schengen area	30. Intended date of departure from the Schengen area		
Broaram Start Date	(only for visas valid for stays of between 91-364 days)		
Gee hub Dage calend	(r) Program End Wite		
- 81	employer. If not applicable, in case of visa for Adoption,		
Religious reasons, Medical reasons, Sports, Study, Mi	ssion: address of institution in Italy.		2
Accademia dell	AITE		* 0
Monica Capacci			
Address and e-mail address of inviting person(s) or	Telephone and fax of inviting person(s) or	1	E
employer Accordenia dell'Ai	employer	Y	x a
Via San Fabiano 9	+39 0575 294155		er.
TODO A DOZZA Toleh			
Sauc ATEZZO, I Tany		_	
32. Name and address of inviting company/organisation/	Telephone and fax of company/organisation		
see above	see above		_
Surnama and first name address talanhane fay and	e-mail address of contact person in company/organisation/	-	
Mont Ca Cap acci	man address of contact person in company of gamsation		e .
Monte can accide	Marcho it		
33. Cost of travelling and living expenses is covered by	alcu TC.17	-	
Leave	Blank		
by the applicant himself/herself/	by sponsor (host, company, organisation),		
	specify/		
	Referred to in field 31 or 32 /		
Means of support/:	other (please		
☑ Cash/	specify)/		
Traveller's cheques/	2/10/		
Prepaid accommodation/	Means of support/[
☐ 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/S			
employed, Business, Diplomatic, Adoption.	Other (please specify)/():		-

34. Personal data of the family member who is an EU, SEE or	r CH citizen /
Surname /	First name(s) /
Date of birth/Leave	
35. Family relationship with an EU, SEE or CH citizen/	
spouse/ child/	scendant/
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 refuse	bd
	in blue/black pen
taking of fingerprints. I understand these, are mandatory for appear on the visa application form, as well as my fingerprints processed by those authorities, for the purposes of a decision of Such data, as well as data concerning the decision taken on mentered, and stored in the Information System of this Consult competent Italian visa authorities. It will be accessible to the within the Member States, immigration and asylum authoritic legal entry into, stay and residence in the territory the Member conditions, of examining an asylum application and of determine accessible to authorities designated by the Member States terrorist offenses and of other serious criminal offenses I am aware that I have the right to obtain the data transmit relating to me which are inaccurate be corrected and that authority examining my application will inform me of the man have them corrected or deleted, including the related remedies. The national controlling Authority is the Guarantor of protect. I declare that to the best of my knowledge all information supto my application being rejected or to the annulment of a visa Representative country under State legislation (articolo 331 c., The mere fact that a visa has been granted to me does not provisions of Article 5, paragraph 1 of Regulation (EU) No. therefore refused entry.	ny application or a decision whether to annul, revoke or extend a visa issued will be ate General, and the Ministry of Foreign Affairs. Such data will be accessible to the competent Schengen authorities in order to check on visas at external borders and so in the Member States for the purposes of verifying whether the conditions for the ser States are fulfilled, of identifying persons who do not or who no longer fulfil these ining responsibility for such examination. Under certain conditions the data will also s and to Europol for the purpose of the prevention, detection and investigation of tted relating to me recorded in the information systems and to request that data data relating to me processed unlawfully be deleted. At my express request, the mer in which I may exercise my right to check the personal data concerning me and a according to the national law. tion of personal data. plied by me are complete and correct. I am aware that any false statements will lead a already granted and may also render me liable to prosecution under the law of the
ANNOTATIONS (Office use only)	

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Place and date /	Signatures (for minors, signature of parental authority/legal guardian)
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	Sign have in dea
on Imm /VVVV	Sign here in pen
DD/MM/YYYY	Sign here in pen
pp/mm/yyyy	Sign here in pen