

PORTUGAL



Application for national visa (residence and temporary stay)

This application is free

FOTO			
FOR OFFICIAL USE ONLY			
1. Surname (Family name) (x)		Date of application:	
2. Surname at birth (Former family name (s)) (x)		Visa application number:	
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 of birth, if different:	
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		9. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <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 <input type="checkbox"/> Father <input type="checkbox"/> Mother			Name: <input type="checkbox"/> Other
Surname, first name, address (if different from applicant's) and nationality of legal guardian			
11. National identity number, where applicable			
12. Type of travel document: <input type="checkbox"/> Ordinary passport <input type="checkbox"/> Other travel document (please specify)			
File handled by:			
13. Number of the travel document		14. Date of issue	
15. Valid until		16. Issued by	
17. Applicant's home address and e-mail address			Telephone number
Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Others:			
18. Residence in a country other than the country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent N.º Valid until			
19. Current occupation			
Visa decision: <input type="checkbox"/> Refused <input type="checkbox"/> Issued: <input type="checkbox"/> E <input type="checkbox"/> D			
Valid: From: Until :			
Number of entries: <input type="checkbox"/> 2 <input type="checkbox"/> Multiple			
Number of days:			

20. Employer and employer's address and telephone number. For students, name and address of educational establishment.		
21. Main purpose (s) of the journey: <input type="checkbox"/> Professional internship <input type="checkbox"/> Family reunion <input type="checkbox"/> Volunteering <input type="checkbox"/> Sports <input type="checkbox"/> Accompany a family member submitted to medical treatment <input type="checkbox"/> Medical treatment <input type="checkbox"/> Study <input type="checkbox"/> Others (please specify)		
22. Member State of destination PORTUGAL	23. Member State of first entry	
24. Number of entries request <input type="checkbox"/> two entries (residence) <input type="checkbox"/> multiple entries (temporary stay)	25. Duration of the intended stays Indicate the number of days	

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

26. Visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. Valid from to		
27. e 28. NOT APLICABLE		
29. Intended date of arrival in the Schengen area	30. Intended date of departure from the Schengen area	
31. Surname and first name of the inviting person(s) in Portugal or, if not applicable, name of hotel (s) or temporary accommodation(s) in Portugal.		
Address and e-mail address of inviting person(s) / hotel(s)/ temporary accommodation(s)	Telephone and telefax	
32. Name and address of inviting company/ organization	Telephone and telefax of company/ organization	
Surname and first name, address, telephone, telefax and e-mail address of contact person in company/organization		
33. Cost 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 cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> by a sponsor (host, company, organization), please specify <input type="checkbox"/> referred to in field 31 or 32 <input type="checkbox"/> others (please specify): Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify):	
34. NOT APLICABLE	35. NOT APLICABLE	
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.

I am aware of the need to have an adequate travel medical insurance that will be able to assume medical expenses, including urgent medical care and possible repatriation.

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 Rede de Pedidos de Visto (RPV), which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at external borders and also to the immigration and asylum authorities in the Member States for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of 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. Such data will be also accessible to the competent authorities for the examination and decision on the applications for residence permits or to extend a visa issued. The authority of the Member State responsible for processing the data is: Direção Geral dos Assuntos Consulares e Comunidades Portuguesas (DGACCP).

I am aware that I have the right to obtain notification of the data relating to me, 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 inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to the national law of the State concerned. The national supervisory authority of that Member State [Comissão Nacional de Proteção de Dados (CNPD) - Rua de São Bento n.º 148 – 3.º, 1200-821 Lisboa, www.cnpd.pt] will hear claims concerning the protection of personal data.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the Portuguese law.

I undertake to leave Portugal before the expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into Portugal. 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 the national legislation applicable - Law n.º 23/07 de 4/07 amended by the Law n.º 29/12 de 9/08 and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the Portuguese territory.

Place and date

Signature
(for minors, signature of parental authority/ legal guardian):

